

# St. Philip VBS Registration Form

For children entering Pre-K through 5<sup>th</sup> grade (4 - 11 years old)

**June 24-28, 2019 8:00 until Noon**

**St. Philip Catholic Church** 3500 St. Philip Rd. S., Mt. Vernon

**Cost: FREE**

**(Donations are welcomed to help keep costs down)**

Please return completed form by June 9 to St. Philip parish office or in the box in back of church.

\*Registrations received past 6/9 deadline are not guaranteed t-shirts.



*A Wilderness Adventure  
Through the Sacraments*

## Child/children's Information:

Name: \_\_\_\_\_ Male / Female Age: \_\_\_\_ Birthday \_\_\_\_\_  
Incoming 2019 Grade: \_\_\_\_\_ **T-Shirt Size\*:** YOUTH Small / Med / Large ADULT Sm / Med

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Allergies or medical conditions: (List which child's name with allergy or condition here)

\_\_\_\_\_

## Family Information:

Parents/Guardians' Name(s): \_\_\_\_\_ Parish: \_\_\_\_\_

**Phone:** *Hm:* \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Emergency Contact (to use for the week of bible school):

Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Questions? Call/text Emily Martin at 260-417-8664 or email: eamartin716@gmail.com**