

VBS Participant Registration Form

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

(3-year olds invited to attend if accompanied by adult)

June 19-23, 2017 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 and maintain a quality program)

Please return completed form by June 6 to St. Philip or Corpus Christi parish office or in the box in back of church. *Registrations received past 6/4 deadline are not guaranteed t-shirts.



=====

Child/children's Information:

Name: _____ Male / Female Age: ____ Birthday _____
Incoming 2017 Grade: _____ **T-Shirt Size*:** YOUTH Small / Med / Large ADULT Sm / Med

Name: _____ Male / Female Age: ____ Birthday _____
Incoming 2017 Grade: _____ **T-Shirt Size*:** YOUTH Small / Med / Large ADULT Sm / Med

Name: _____ Male / Female Age: ____ Birthday _____
Incoming 2017 Grade: _____ **T-Shirt Size*:** YOUTH Small / Med / Large ADULT Sm / Med

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 Monica Hutton at 455-7859 or email: stphilipbibleschool@gmail.com