

# St. Philip VBS Registration Form



For children entering Kindergarten through 5<sup>th</sup> grade  
**June 13-17, 2022 8:30 - Noon (free!)**

Please return completed form by May 22 to St. Philip Church / back of church,  
or through school. \*Registrations received past May 22 deadline are not guaranteed t-shirts.

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## Child/children's Information:

Name: \_\_\_\_\_ Male / Female Age: \_\_\_\_\_ Birthday \_\_\_\_\_

**Incoming Grade** (circle one): K. / 1st / 2nd / 3rd / 4th / 5th

**T-Shirt Size\*:** YOUTH XS / Small / Med / Large ADULT Sm / Med

Name: \_\_\_\_\_ Male / Female Age: \_\_\_\_\_ Birthday \_\_\_\_\_

**Incoming Grade** (circle one): K. / 1st / 2nd / 3rd / 4th / 5th

**T-Shirt Size\*:** YOUTH XS / Small / Med / Large ADULT Sm / Med

Name: \_\_\_\_\_ Male / Female Age: \_\_\_\_\_ Birthday \_\_\_\_\_

**Incoming Grade** (circle one): K. / 1st / 2nd / 3rd / 4th / 5th

**T-Shirt Size\*:** YOUTH XS / 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/text Emily Moore at 812-319-6748 or email: eewinzapf@gmail.com**