



St Christopher VBS Registration

June 26-30, Mon. - Fri., 9:30am - 12:30pm, Trinity School

Family Potluck Friday, June 30th, 6-8pm

\$40 per child, \$25 for sibling (Family of 3 or more, \$80)

1) Checks payable to St. Christopher, VBS

2) Return form(s) and payment to Parish office, Linda Wolfe, VBS
or mail: 1420 Grandview Ave. Columbus, OH 43212

Child's Name: (One form per child) _____ Child's gender: _____

Child's age: _____ School grade Entering 2017-2018: _____

Name of Parent(s)/Guardian(s): _____

Home Address: _____

Parent/Guardian Cell Phone: (____) _____

Home email address: _____ Home church: _____

Please circle T-shirt size: Child: XS (2-4) S(6-8) M(10-12) Lg(14-16) Adult: Sm (34-36) M (38-40) Lg (42-44)

Crew Color or name: (for church use only): _____

Allergies or other medical conditions :

In case of Emergency, Contact : _____

Relationship to Child: _____ Phone: (____) _____

Person Name (Other than parent/caregiver) Who May Pick up the Child:

Name: _____ Phone: (____) _____

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Emergency Medical Contact, Treatment, and Release of Information Form
Required for VBS

Child's Name: (One form per child) _____

I. Emergency Medical Contact And Treatment

Parent or Guardian _____

Medical Insurance _____ Policy Number _____

Member's Name _____ Phone () _____

Family Doctor _____ Phone () _____

I. Emergency Medical Treatment

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: _____ Phone: () _____

II. Consent For Release Of Personally Identifiable Information (Leave blank if Consent not granted.)

The undersigned hereby consent to the release of photographs and name of the Participant to be used by the Diocese of Columbus and _____ St. Christopher Parish, Grandview _____ (PARISH NAME) for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact _____ Linda Wolfe, DRE _____ (PARISH POINT OF CONTACT) at _____ (614) 487-0457, ext. 3 _____ (PHONE NUMBER).

Parent or Guardian Signature _____

Date _____