



Youth entering PreK-6<sup>th</sup> gr. Fall '23  
**July 24-28, 9am-12pm**  
**St. Patrick Church-Iowa City**  
Return form/\$: Cheryl Schropp-VBS  
St. Patrick Church, 4330 St. Patricks Dr  
Iowa City, IA 52240



Check \_\_\_\_\_ Cash \_\_\_\_\_

## 2023 VBS YOUTH REGISTRATION FORM

**\$40/child or \$100/families of 3 or more!**

**PARENTS:** Volunteer 5 Days for FREE childcare for 0-3 years AND FREE VBS registration.

### CHILD'S INFORMATION:

Days attending: M T W TH F All Week

Name: \_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade Fall '23: \_\_\_\_\_

T-shirt size: (circle one) child sizes: XS S M L / adult sizes: S M L XL

Allergies or medical conditions: \_\_\_\_\_

Health Insurance # (if applicable): \_\_\_\_\_

Physician Name/Phone: \_\_\_\_\_

Dentist Name/Phone: \_\_\_\_\_

### FAMILY INFORMATION:

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### CHILD PICKED UP BY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER FAMILY MEMBERS AT VBS:** \_\_\_\_\_

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 Cat.Chat Productions, the Diocese of Davenport, and St. Patrick Church-Iowa City, IA 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 VBS programs. Any other use will require your further consent.

Parent / Guardian Signature

Date