



Envía Tu Espíritu!

~ 2025 Vacation Bible School Registration Form ~

July 14–18

9:00 am – 12:00 Noon, Monday through Friday

- ✦ **WHERE:** Holy Spirit Activity Center (enter at gym doors facing Trinity)
- ✦ **FOR :** Ages 3 ½ (by July 1st) through completed 5th grade
- ✦ **FEE:** \$25 for first child, \$10 for each additional child living in same home
- ✦ **Maximum:** \$50/family - *If fee presents a hardship, please speak with us*

Needed!!! Adult & Youth Support: Leaders, Decorations, Crafts, Snacks, Games, & PRAYERS

Volunteers: Please use this form or email vbs@holyspirithsv.com - Thank you in advance!!

✂ -----
Name of Parent/Guardian: _____

Address: _____

Email _____

Primary phone _____ Home /Work /Cell Or: _____ Home /Work /Cell

EMERGENCY CONTACT name /relationship: _____

Emergency contact phone # _____ Home /Work /Cell

Parish: (if not Holy Spirit) _____

Child's Name: _____

Name child is called: _____ T-shirt size: _____

D.O.B _____ Sex: _____ Grade Completed in May 2025 _____

Medical Conditions or Food Allergies: _____

Additional needs or diagnoses: _____

Child's Name: _____

Name child is called: _____ T-shirt size: _____

D.O.B _____ Sex: _____ Grade Completed in May 2025 _____

Medical Conditions or Food Allergies: _____

Additional needs or diagnoses: _____

Attach additional forms as needed.

see back page



Scan the QR code for the payment link



ADDITIONAL EMERGENCY INFORMATION:

Preferred doctor _____ Phone _____

Insurance company _____ Policy # _____

Medical Authorization: I understand that the Catholic Diocese of Birmingham and Holy Spirit parish assume no responsibility for accidents which may occur in association with diocesan and parish events and activities. I agree to use my/our personal insurance to cover any such incidents. I understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery for Participant as deemed necessary.

Permission for Other Medical Matters: ____ YES, in the event it comes to the attention of the parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to the Participant. Release of Liability for Youth and Adults: I understand all reasonable safety precautions will be taken at all times by the Holy Spirit parish agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless Holy Spirit parish employees and volunteer staff from any and all claims arising from or in connection with attending this event. Code of Behavior for Youth and Adults: I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/Participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from the event and sent home immediately at my/Participant's expense with no right of reimbursement or refund for any amount in connection therewith from the parish or its chaperones/representatives.

Photo release: ____ YES, I hereby authorize Holy Spirit parish agents to utilize photographic and/or video images from VBS of me or my child. In giving my consent, I hereby indemnify and hold harmless the Holy Spirit parish and its agents from any and all responsibility of liability. I understand that I will receive no compensation should any photograph and/or video of me or my child be used.

Signature of Parent/Guardian

Date _____