

AMPED

LIVE FULLY ALIVE!

Dixie Lee Baptist Church

VBS 2018

Registration Form

AGES 3 YEARS TO YOUTH

Child's Name: _____ Male or Female

Child's Birthday: _____ Child's Age: _____

Child's Grade Just Finished: _____

Parent/Guardian Name: _____

Email: _____

Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Home Church: _____

Tshirt Size:

Youth

- Small
- Medium
- Large

Adult

- Small
- Medium
- Large
- XLarge
- XXLLarge

In case of emergency notify: (Please list two contacts.)

Name: _____

Phone: _____ Relation to child: _____

Name: _____

Phone: _____ Relation to child: _____

Any medical conditions we need to know about? _____

Allergies? Yes or No

If your child has allergies, what kind of allergy and what procedures are usually used when they come in contact with something they are allergic to?

Individuals authorized to pick up your child from VBS: _____