

VBS Registration



Families, please complete one form per child. Thank you!

Last Name _____ First Name _____

Age _____ Date of Birth: Month _____ Day _____ Year _____

Child's Grade (Fall 2008) _____ Sex / Male _____ Female _____

Child's Address _____

City / State _____ Zip _____

Parent's/Guardian's Name _____

Parent's/Guardian's Phone () _____ Cell Phone () _____

Persons to be contacted in case of emergency:

1. Name _____ Phone _____ Relationship to Child: _____

2. Name _____ Phone _____ Relationship to Child: _____

Does your child have any medical condition(s) that we should be aware of? _____

(allergies, medications, etc.) If so, please explain. _____

Siblings who will also be attending VBS _____

My child would like to be in class with the following friend or friends _____

I would like to volunteer to help with _____

We will need child care for _____ child/children, aged _____

The undersigned gives permission to his or her child to participate in the above named activity and releases _____, its officers, employees, and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of his family, in attendance, and the undersigned agrees to defend and indemnify _____, its officers, employees, and agents from any liability or loss they might sustain by reason thereof. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the director of children's ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

Signed: _____ Date: _____

Insurance Company: _____ Policy No. _____

By signing this registration form you agree that any photographs taken of your child at or during this event are the property of _____ and may be used in future publications as deemed appropriate.