

VBS REGISTRATION FORM: 2019

#1 Child:

Name: _____ Male Female

Age: Birthdate: / / Grade:

Allergies:

Family Information:

Last Name:

Mother:

Father:

Address:

Phone Number:

Email:

Home Church:

#2 Child:

Name: _____ Male Female

Age: Birthdate: / / Grade:

Allergies:

#3 Child:

Name: _____ Male Female

Age: Birthdate: / / Grade:

Allergies:

Authorized Adults for Pick-Up

#4 Child:

Name: _____ Male Female

Age: Birthdate: / / Grade:

Allergies:

Yes	No	Photo Permission: I give my permission for my child's photos to be used by Bethany Baptist Church in church related resources and publications (i.e. PowerPoint, Website, Bulletin, etc.).
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Medical Release: VBS 2019

All precautions will be taken to prevent accidents. Simple First Aid will be administered to all minor injuries and parents and/or doctors are called when necessary. It is hereby agreed that I, my child(ren), my heir, and executors waive and release all rights and claims for damages (including claims of negligence) that I may have at any time against Bethany Baptist Church, their representatives, whether paid or volunteer, for any injury or damages in connection with the instructional or competitive programs or other activities related to Bethany Baptist Church Vacation Bible School programs. This release is valid any and all days myself and/or my child(ren) are enrolled in Vacation Bible School.

BY CHECKING THIS BOX AND ENTERING YOUR NAME BELOW YOU ACKNOWLEDGE THAT FOR MYSELF, MY SPOUSE, AND CHILD/ WARD, HAVE READ THIS MEDICAL RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS.

Signature of Parent/Guardian _____ **Date** _____

FOR OFFICE USE ONLY

<input type="radio"/> CASH \$	<input type="radio"/> DATE
<input type="radio"/> CHECK #	<input type="radio"/> DATABASE
<input type="radio"/> ON-LINE #	<input type="radio"/> MED RELEASE