



VACATION BIBLE SCHOOL REGISTRATION FORM

One Form Must Be Completed Per Child by Parent or Guardian

Family Name _____
Mother's Name _____ Father's Name _____
Mother's Cell Phone _____ Father's Cell Phone _____
Home Phone _____ Work Phone (if off shift) _____
Address _____

Street City Zip

Are You Currently a Church Member of Another Church (please circle) Yes No
If Yes, Please List Your Church's Name _____
E-Mail _____

CHILD INFORMATION

Name _____ Age _____ Last Grade Completed _____

EMERGENCY CONTACTS

(AFTER parents have been tried):

Name _____ Cell Phone Number _____

Name _____ Cell Phone Number _____

HEALTH CONCERNS---FOOD ALLERGIES

RELEASES

I, the undersigned, as the parent or legal guardian of the named child do hereby give permission for him/her to participate in any of the activities conducted by Trinity Baptist Church.

LIABILITY RELEASE: I also hereby release, forever discharge and agree to hold harmless the Trinity Baptist and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during all Children's Ministry activities. Furthermore, I hereby assume all risk and personal injury, sickness, death damage, and expense as a result of participation in these activities.

Further, authorization and permission is granted to furnish and necessary transportation, food lodging required for the activities. The Church, its directors, employees or agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of the above named child, including expenses incurred attendant thereto.

MEDICAL RELEASE: I attest that the above named child is/are in good physical condition. Should any accident or illness occur during any Children's Ministry activity, I will not hold Trinity Baptist or its directors responsible for medical aid rendered and will reimburse them for the medical and other expenses incurred. The above named child may receive necessary first aid. She/he may receive medical attention by any duly licensed physician, and may be admitted into a hospital in case of emergency.

DISASTER PREPAREDNESS: In case of disaster, my child may be released into the care of a parent, legal guardian, or the above listed emergency contact persons.

Consent for photographs & videos: I hereby authorize and give full consent, without limitations or reservations, to Trinity Baptist Church to publish any photographs or videos in which the above named student, parent, or grandparents appear while participating in any program. There will be no compensation for use of any photographs or videos at the time of publication or in the future.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____