

Mountain Bible Church
VBS Registration Form (\$5.00 per child)
July 22-26 6 pm – 8 pm

Child 1 name: _____ Gender: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Medications, allergies or medical conditions: _____

T-Shirt size: _____

Child 2 name: _____ Gender: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Medications, allergies or medical conditions: _____

T-Shirt size: _____

Child 3 name: _____ Gender: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Medications, allergies or medical conditions: _____

T-Shirt size: _____

Child 4 name: _____ Gender: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Medications, allergies or medical conditions: _____

T-Shirt size: _____

Mother's Name: _____ Custodial Parent: Yes ___ No ___

Mother's Cell Phone: _____ Mother's E-Mail: _____

Mother's Address: _____

Father's Name: _____ Custodial Parent: Yes ___ No ___

Father's Cell Phone: _____ Father's E-Mail: _____

Father's Address: _____

Emergency Contact Info: _____

(PLEASE SIGN & DATE BACK OF THIS FORM!)

Parents/Guardians: Please read the releases below and sign at the bottom. This release is valid until redacted in writing by parents.

Release: To the fullest extent permitted by law, I release _____, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless _____, its trustees officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

General: I give my consent for my child(ren) to attend meetings, activities, and events, both on site and off site. I will be provided specific event information in advance of any activity that will be taking place offsite.

Medical: In the event of a medical emergency and when a contact cannot be made in a timely manner to me and/or the emergency contact listed, I give my permission for my child(ren) to receive appropriate medical attention. In the event of an unforeseen emergency or any accidents, I release _____, its employees and volunteers, and all those related to it, from any liability. I have provided emergency contact numbers and am assured that I will be contacted as soon as possible in the event that there is an emergency.

Photograph release: Occasionally photos & videos may be taken during VBS, Sunday school, worship, youth group events, or other church activities. I grant permission for _____ to post photos and videos including my child(ren) on its website or in other church publications.

I agree with the above releases.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____ Date: _____