



# Downtown Roundtown VBS 2018

## Registration Form

Please Return By: June 15 — One Per Child

Child's Name: \_\_\_\_\_ Gender:  Male  Female


Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ School: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Church: \_\_\_\_\_

|  |  |
|--|--|
|  | Allergies or Medical Conditions: _____                   |
|  | Emergency Contact (if parents can not be reached): _____ |
|  | Relationship to child: _____ Phone: _____                |

Only parents listed above will be allowed to pickup child unless listed below.

Others Authorized to Pick-up Child: \_\_\_\_\_

### Permission/Release

I give permission for my child to participate in the Vacation Bible School (VBS) program from June 25-28 2018. I understand that all efforts will be taken to ensure my child's safe participation and learning. I release, agree to hold harmless, and waive all claims, liability, and expenses against the leaders of these activities and the participating churches that may arise from my child's participation.

I give permission for photos and/or videos at VBS to be displayed for promotional reasons, including printed or electronic media.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

