

Vacation Bible School Registration

Child's Name: _____ (One form per child please)

Grade Completed: _____ Birthday: ____ / ____ / _____ Age: _____

Parent's Name(s): _____

Home Address: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Emergency Contact Person: _____ Relationship to Student: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Food Allergies: Yes No - If yes, list: _____

Medical Concerns: Yes No - If yes, explain: _____

Family Doctor: _____ Doctor's Phone: _____

Siblings Attending VBS (Names and Ages):

1. Name: _____ Age: _____ 2. Name: _____ Age: _____

3. Name: _____ Age: _____ 4. Name: _____ Age: _____

Person(s) Name(s) Who May Pick up the Child:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Transportation Needed: Yes No

This activity will be under the supervision of the adult workers of River Ridge Neighborhood Church (RRNC).

I agree to direct my child to cooperate and to follow the directions and instructions of the adults supervising the activity, whether paid or volunteer workers of RRNC.

Should it be necessary for my child to have medical treatment while participating in this activity, I hereby give the adults permission to use their judgment in obtaining medical service for the child. I also give permission to the physician or medical personnel selected by the supervising adults to render medical treatment deemed necessary and appropriate.

I also understand that River Ridge Neighborhood Church (RRNC) does not have any individual medical coverage for injury or life insurance, so I will assume full responsibility for all medical expenses incurred, either personally or through my own insurance coverage.

All persons making the activity are deemed to have waived all claims against RRNC, the facility, and its paid or volunteer workers for injury, accident, illness, or death, occurring while on, or by reason of, the activity.

I have read and understood the foregoing statements agreeing to assume the responsibility stated and waive all claims as indicated.

Signature of Parent/Guardian

Date Signed