



VBS Registration Form: Entering K - 6th Grade

6pm - 7pm VBS Pizza Party Kickoff

Wednesday - June 27, 2018

Child's Last Name: _____, First Name: _____

Male/Female Date of Birth: _____ Last Grade Completed: _____

Address: _____ Phone: _____

Parent/Guardian Last Name: _____, First Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian Last Name: _____, First Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Describe any allergies, medical or special needs your child has: _____

Activities: I authorize my child to participate in all VBS activities/games at New Covenant Presbyterian Church (NCPC). INITIAL HERE _____

Publicity: I authorize NCPC and it's volunteers to take pictures of my child during VBS. I also authorize the possible use of pictures in newsletters, church websites and for other promotional/informational usage. INITIAL HERE _____

Medical Custody Release: I authorize the VBS Leadership of NCPC to seek and authorize medical attention in the event my child needs medical care for emergency or normative reasons. I understand a first call will be made to the parents/guardians, however, if contact cannot be made on first call, assistance will be authorized by the Church's VBS leaders. INITIAL HERE _____

Release of Liability: By signing this form I understand there are risks associated with all activities including VBS activities. I agree not to hold NCPC or any of its leadership or other agents liable for any harm that may accidentally occur through the normal course of VBS. I understand the church leadership will make every reasonable attempt to provide a safe and caring environment for my child. INITIAL HERE _____

Photo and Video Release: I give permission to use photographs and/or video recordings of my child on the church's websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation. INITIAL HERE _____

Other emergency contacts: (Listing a person indicates they are approved to pick up your child)

1.Name: _____ Relationship: _____ Primary phone #: _____

2.Name: _____ Relationship: _____ Primary phone #: _____

Final Approval: As the parent/guardian of the child named at the top of this sheet, I agree to all of the above:

Signature: _____ Print Name _____ Date: _____

Print and fill out form. Email completed form to office@newcovenantpres.org or bring to church office.

