

# Providence Baptist Church VBS Registration Form

Child 1 name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Medications, allergies or medical conditions: \_\_\_\_\_

VBS Group (to be completed by VBS Registration Crew): \_\_\_\_\_

Child 2 name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Medications, allergies or medical conditions: \_\_\_\_\_

VBS Group (to be completed by VBS Registration Crew): \_\_\_\_\_

Child 3 name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Medications, allergies or medical conditions: \_\_\_\_\_

VBS Group (to be completed by VBS Registration Crew): \_\_\_\_\_

Child 4 name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Medications, allergies or medical conditions: \_\_\_\_\_

VBS Group (to be completed by VBS Registration Crew): \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Mother's E-Mail: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Father's E-Mail: \_\_\_\_\_

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

Emergency Contact Info if different from above: \_\_\_\_\_

Names of people authorized to pick-up child(ren): \_\_\_\_\_

**(SIGN & DATE BACK OF THIS FORM!)**

Parents/Guardians: Please read the releases below and sign at the bottom. This release is valid throughout the week of Vacation Bible School at Providence Baptist Church in Huntsville, Alabama from June 4<sup>th</sup> -8<sup>th</sup>, 2018.

\_\_\_\_\_ Release: To the fullest extent permitted by law, I release Providence Baptist Church 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 Providence Baptist Church from any claims arising out of my minor child's participation in the activity.

\_\_\_\_\_ 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. 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 Providence Baptist Church to post photos and videos including my child(ren) on its website ([www.providencebaptist.us](http://www.providencebaptist.us)) or in other church publications.

I agree with the above releases.

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

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_