

# FAIRHOPE

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## Community Church

### VBS Registration Form 2021

Child's Name (Ages: Kindergarten-6<sup>th</sup> Grade): \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Relationship To Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship To Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Authorized Person(s) To Pick Up Child Other Than Parent/Guardian:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical or Other Health Information. (Please Include Allergies):**

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### Fairhope Community Church (FCC) Activity Permit

As parent or guardian, I do hereby authorize treatment, under the direction of any licensed physician, of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The undersigned assumes the responsibility for any costs connected with such treatment. I also give permission for the FCC leadership to take my child off-campus for special club activities with prior notification.

In consideration for the participation of the minor in FCC activities, I hereby release Fairhope Community Church from any liability resulting from this participation. Participation may include still (picture) or motion (video) imagery of any or all participants, which may be displayed in various public formats, including presentations in the Fairhope Community Church facilities, web site, newsletters, etc. **PRIVACY:** information disclosed on this form will **ONLY** be used internally for administration at Fairhope Community Church and will not be otherwise disclosed except as required by law or for emergency purposes (such as medical treatment).

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_