



Hallelujah Sock Hop

Vacation Bible School

July 15-17, 2019

6:00 to 8:00 pm

Registration Form

(one per child)

Child's Name _____

Child's Age: _____ Birthdate: _____ Last School Grade Completed: _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____

Email Address: _____

Home Church: _____

Allergies or other Medical Conditions: _____

T-Shirt Size: Youth Small Youth Medium Youth Large Youth X-Large

New Life Fellowship
2441 42nd Ave
Longview, WA 98632

Medical Release Form

We (I) the parent(s) or guardians of _____
give permission for above stated person to attend and participate in Hallelujah Sock Hop.

We (I) authorize New Life Staff in whose care above stated person has been entrusted, to approve any and all appropriate medical treatment should it become necessary. We (I) agree to be liable for any or all cost and expenses incurred in connection with such medical services rendered.

We (I) do hereby release New Life Fellowship, and person(s) appointed as leadership in this group/organization from all liability, claim, or demands for personal injury, sickness or death, as well damage and expenses of any nature whatsoever, including the expense of above noted person while participating in activities with the above said church.

Furthermore, should it become necessary for above stated person to return home and due to medical reason, disciplinary action or otherwise, we (I) as parent/guardian assume any and all transportation costs.

We (I) have read, understand and agree to the above stated medical authorization/liability release form, and my signature and information below constitute my consent to this contract.

Parent/Guardian Signature

Date