



## Vacation Bible School

First Presbyterian Church of Delray Beach

June 11-15, 2018

### Registration Form

(One per Child)

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent/caregiver's cellphone: (\_\_\_\_\_) \_\_\_\_\_

Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

Crew number or name (for church use only): \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_



In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

# RELEASES

## First Presbyterian Church of Delray Beach

I, the undersigned, as the parent or legal guardian of the named child, do hereby give permission for him/her to participate in Vacation Bible School (VBS), June 11 to 15, 2018.

**LIABILITY RELEASE:** I also hereby release, forever discharge and agree to hold harmless the First Presbyterian Church of Delray Beach (FPC) and the directors, officers, employees, staff, and agents thereof of any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during VBS. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in these activities. The undersigned further hereby agrees to hold harmless and indemnify FPC, its directors, officers, employees, staff, and agents, for any liability sustained by FPC as the result of the negligent, willful or intentional acts of the above named child, including expenses incurred attendant thereto.

**MEDICAL RELEASE:** I attest that the above named child is in good physical condition and is up to date with their immunizations. Should an accident or illness occur during VBS, I will not hold FPC or its directors, officers, employees, staff, and agents responsible for medical aid rendered and will reimburse them for the medical and other expenses incurred. The above named child may receive necessary first aid. He/she may receive medical attention by any duly licensed physician, and may be admitted into a hospital in case of emergency.

**CONSENT FOR PHOTOGRAPHS & VIDEOS:** I hereby authorize and give full consent, without limitations or reservations, to FPC to publish any photographs or videos in which the above named student, parent(s) or grand-parent(s) appear. There will be no compensation for use of any photographs or videos at the time of publication or in the future.

**Name of child:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

For church use only

Group Assignment:

Allergies:

Date Received:

Signatures: