



## Vacation Bible School

First Presbyterian Church of Delray Beach

June 10 – 14, 2024

### Registration Form

(One per Child)

\*Child's name: \_\_\_\_\_

\*Child's gender: \_\_\_\_\_ \*Child's age: \_\_\_\_\_ \*Date of birth: \_\_\_\_\_

\*Last school grade completed: \_\_\_\_\_

\*Name of parent/guardian(s): \_\_\_\_\_

\*Preferred Numbers for Parent/Guardian: \_\_\_\_\_

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

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

\*Best daytime email address: \_\_\_\_\_

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



\*In case of emergency and we cannot contact you, contact: \_\_\_\_\_

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

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

\*Who may pick up your child: \_\_\_\_\_

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

Name of a special friend your child might like to be with: \_\_\_\_\_

**\*REQUIRED INFORMATION.... The safety of your child is our top priority, all of this information must be filled out to complete registration.**

# 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 10 – 14, 2024.

**LIABILITY RELEASE:** To the fullest extent allowed by law, I agree to waive, discharge claims, and release from liability First Presbyterian Church of Delray Beach, its officers, employees, agents and leaders from any and all liability on account of, or in any way resulting from, injuries and damages.

**MEDICAL RELEASE:** I attest that the below 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 officers, employees, agents and leaders responsible for medical aid rendered and will reimburse them for the medical and other expenses incurred. The below 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 below 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:** \_\_\_\_\_

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

For church use only

Group Assignment:

Allergies:

Date Received:

Signatures: