



Vacation Bible School

First Presbyterian Church of Delray Beach

June 10 – 14, 2019

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: _____

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 10 – 14, 2019.

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 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 officers, employees, agents and leaders 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: _____

Date: _____

For church use only

Group Assignment:

Allergies:

Date Received:

Signatures: