

Quidnessett Baptist Church 6356 Post Road, North Kingstown July 9-13, 9 a.m.-noon Ages 4-completed grade 6

Come and explore
the coolest Book on the planet and
discover how we can know for sure that the
Bible is God's written word to us!
Hear Bible stories, make cool crafts, play
games, enjoy snacks and have fun with friends!

Questions? Call 884-9111

Register by completing form on the back.

Registration form

| Name: | Boy/ Girl |
|---|---|
| Birthdate: | Grade completed: |
| Address: | |
| Phone: | |
| E-mail address: | |
| Home church, if any: | |
| Food allergies or other health | concerns we should be aware |
| of: | |
| Parent/Guardian name(s): | |
| In case of emergency, contac | t: |
| My child has been given the oppo BIBLE SCHOOL (VBS), July 9-13, 2 child is in good physical condition an damage to the body. I realize there child could be injured or aggravate s | e and Hold Harmless Agreement ortunity to participate in VACATION 2018, 9:00 a.mnoon. I believe that my d able to be part of the activity without are risks involved in any activity. My some physical ailment that he/she may that I may know of, but am willing to the risk. |
| In consideration of Quidnessett Baptist Church, and its legal representatives, allowing my child to participate in VBS, I do hereby now RELEASE AND HOLD HARMLESS, Quidnessett Baptist Church, and its legal representative, from any claims for physical injury or damage that my child may have now, or in the future, arising out of or as a result of my child's participation. I understand and acknowledge that Quidnessett Baptist Church does not carry any insurance that will provide coverage for my child in case of injury during VBS. | |
| Signature of parent/guardian: | |
| Name of Insurance Company | |
| Policy Number: | |