



Time Lab VBS

2018 VBS Registration

Name: _____

Birthdate: _____ School grade just completed: _____ T-shirt size (circle one):
YS, YM, YL, AS, AM, AL, AXL

Street Address: _____ City, State, Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Parent(s) Name(s): _____

Home Church: _____ Guest of: _____

EMERGENCY CONTACTS

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

MEDICAL RELEASE FORM

I (we), the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult volunteers of Whitewater Baptist Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Whitewater Baptist Church, any of its minist or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date Signed: _____ **Parent/Legal Guardian (print)** _____

Signature of Parent/Guardian: _____

Please list any allergies. Include medications, foods, etc.: _____

Does your child have any medical or special needs, including medications currently being used?

No _____ Yes _____ If yes, please explain: _____

Doctor's Name: _____ Dentist's Name: _____