



The Salvation Army – Traverse City
Vacation Bible School Registration Form
 Wednesday & Thursday, August 5-6, 9am-3pm
 Friday August 7, 9am-12pm

Parent/Guardian 1 Information				
Name (First & Last)		Relationship to child		
Address		City, State, ZIP		
Primary Phone	()	Email		
Parent/Guardian 2 Information				
Name (First & Last)		Relationship		
Address		City, State, ZIP		
Primary Phone	()	Email		
Do any Adults plan to attend with your Children?	Yes	No	# of Adults attending	
Child 1 Information				
First & Last Name		Gender	Male	Female
Date of Birth		Age	Academic Grade	
Known Allergies				
Restrictions				
Child 2 Information				
First & Last Name		Gender	Male	Female
Date of Birth		Age	Academic Grade	
Known Allergies				
Restrictions				
Child 3 Information				
First & Last Name		Gender	Male	Female
Date of Birth		Age	Academic Grade	
Known Allergies				
Restrictions				
Child 4 Information				
First & Last Name		Gender	Male	Female
Date of Birth		Age	Academic Grade	
Known Allergies				
Restrictions				
PLEASE CIRCLE WHICH DAYS YOUR CHILD WILL BE HERE:	WED. AUGUST 5 9AM-3PM YES / NO	THURS. AUGUST 6 9AM-3PM YES / NO	FRI. AUGUST 7 9AM-12PM YES / NO	VBS AFTER PARTY FRIDAY, 12PM-2PM YES / NO
CHILDREN UNDER KINDERGARTEN MUST HAVE PARENT SUPERVISION.	LUNCH: HAM SANDWICH	LUNCH: HOTDOG	LUNCH: SLOPPY JOE	THIS WILL BE FOR THE WHOLE FAMILY! PLEASE JOIN US FOR THE FOOD & FUN!

EMERGENCY CONTACTS (Other Than Parents, Must be local)			
Name (First & Last)	Relationship to Child	Primary Phone	Secondary Phone
		()	()
		()	()

FIRST AID AND EMERGENCY MEDICAL TREATMENT & HEALTH INFORMATION

_____ (Initials) I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of The Salvation Army to seek and secure any needed medical attention or treatment for the child named above, including hospitalization if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

_____ (Initials) I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again; I agree to pay for the medical treatment.

HEALTH INSURANCE INFORMATION

Insurance Company Name		Policy Holder Name	
Ins. Company Policy #		Ins. Company Phone	()
Medical Doctor Name		Medical Doctor Phone	()

FUNCTIONS AND ACTIVITIES

_____ (Initials) It is my understanding that participating in the programs and recreational and other activities of The Salvation Army is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

RELEASE OF LIABILITY

_____ (Initials) By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed herein. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release The Salvation Army and its staff, volunteer, and agents from any claim that my child may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's family, representatives, or assigns may have against The Salvation Army or its staff, volunteers, or agents.

I further agree to indemnify and hold harmless The Salvation Army and its staff, volunteers, or agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

PUBLICITY

_____ (Initials) On occasion, The Salvation Army takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in The Salvation Army publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events; and The Salvation Army may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of The Salvation Army see fit. This consent includes, but is not limited to: photographs, videotape, and audio recordings.

CONSENT

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of The Salvation Army, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of The Salvation Army, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

	Signature	Print Name	Date
Parent/Guardian			
Witness			