

**First Church of the Brethren
Vacation Bible School Registration
2 years old through 5th grade
July 8 – 12, 2019
6-8:30 pm at Shawnee Park**

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell phone: _____

Child's age: _____ Last grade completed _____

Home Congregation (if any):

Permission to photograph child & use photograph for promotion ____YES ____NO

In case of emergency

(when parent or guardian cannot be reached):

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies VBS staff should be aware of:

Person responsible for picking up child each day:

Telephone Number: _____

Signature of parent/guardian

Please complete both sides

In our VBS experience at First Church, we have never had an emergency situation that needed medical care. But because your child's safety is important to us, we want to be prepared for possible emergencies.

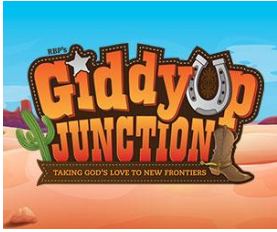
In the case of any emergency, our first step will be to contact you at the emergency number(s) you have provided. In the event we cannot reach you and/or we determine that immediate medical care is necessary, we will seek such care. In order to be able to do so, we need your permission. We ask that you complete this medical/liability permission section of this registration form.

I give the Roaring Spring First Church of the Brethren, Trinity United Methodist Church and Bare Memorial Church of God staff and volunteers permission to obtain emergency help for my above-named son/daughter, including, but not limited to the following: to consent to an x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in a hospital. I understand that I will be contacted as soon as possible in the event of any emergency. In the event that my son/daughter needs special medications and is unable to administer them, I give permission for an adult to administer the medications.

I hereby release Roaring Spring First Church of the Brethren, its staff and its volunteers, from liability for any injury or illness that my son/daughter may incur during this event. I will be responsible for costs related to any medical treatment.

Signature of Parent / Guardian

Date



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