

2019 VBS Registration Form

Please print this form and bring it with you to Registration

Family Information

Parent/Guardian Name _____
First Last

Address _____
Street City State Zip

Contact info _____
Phone email

Emergency Contact _____
Full Name Relationship to child Phone

Home Church _____

Vacation Bible School is carefully planned and adequately supervised; however, even with the best of planning and precaution, unforeseen events can occur. By checking the box below, I, the parent or legal guardian of the child(ren) listed on this VBS Registration form, agree to assume and accept all risks and hazards inherent in the activities conducted at VBS. I also agree not to hold Friendship Baptist Church (FBC), its employees, agents, or volunteer assistants liable for damages, losses, or injuries to person or property. I understand I am signing for all the minor children listed on this registration form, and the electronic signature is both a medical and liability release. By accepting below I also authorize the use of pictures taken of my child by the Children's Ministry to be used by FBC for promotional purposes. I hereby authorize the directors of FBC's Vacation Bible School or their designee to select hospital facilities and/or a physician of their choice, and to authorize treatment of the children listed on this form on an emergency basis in the event such treatment becomes necessary while attending VBS at FBC from June 24 to June 28, 2019. I understand all reasonable attempts will be made to contact me should such an emergency arise. I will be responsible for all medical bills incurred as a result of illness or accidents for which medical treatment is necessary while the child(ren) attend VBS. By signing my name on the line below, I understand this will act as my legal signature as parent or legal guardian of the child(ren) listed on this registration.

Parent/Guardian Signature _____ Date _____

For Office Use Only: Class assignment _____

Student Information

Child's Name _____ Gender (circle one) Male Female
First Last

Grade entering in Fall 2019 _____ Allergies/Special Needs? (circle one) yes no

If yes to Allergies/Special Needs, please explain: _____

For Office Use Only: Class assignment _____

Student Information

Child's Name _____ Gender (circle one) Male Female
First Last

Grade entering in Fall 2019 _____ Allergies/Special Needs? (circle one) yes no

If yes to Allergies/Special Needs, please explain: _____