



2025 Vacation Bible School Registration and Waiver Release Form

**Date: Monday July 21st - Friday July 25th**

**Time: 5:30 - 8:30pm CST**

***\*Closing Ceremony and Family Fun Day Sunday July 27th - 9am CST\****

**Location: Selvin Community Church Yellowbanks Trail Dale, IN 47523**

Child's Name (Last, First)	Age	Last Grade Completed

**Parent/Guardian Information:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent email address(es) \_\_\_\_\_

**LIABILITY RELEASE:** In consideration of *Selvin Community Church* allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless *Selvin Community Church*, its directors, employees, volunteers, and agents (collectively herein the “Church”) from any and all liability, claims, or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever that may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless *Selvin Community Church*, its directors, employees, volunteers, and agents from any and all liability, claims, or demands for accidental personal injury in the process of transportation.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

**PHOTO/VIDEO PERMISSION:** I give my consent to *Selvin Community Church* to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless *Selvin Community Church* from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)’s tenure at *Selvin Community Church*’s Vacation Bible School. \*\*None of the photos will be for personal use.\*\*

YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby give permission for my child(ren) to participate in Vacation Bible School at *Selvin Community Church*

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Complete the following for each child in the family.**  
*All information will remain confidential to Vacation Bible School staff.*

**Child's Name** \_\_\_\_\_

**Medical Insurance** YES \_\_\_ NO \_\_\_

**Insurance Company** \_\_\_\_\_

**Policy/GroupID#** \_\_\_\_\_

**Allergies, Medications, and/or Medical Conditions**

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**Activity restrictions**

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**Parent/Guardian phone number(s)**

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***Emergency Contact:*** person(s) & phone numbers in case parent/guardian cannot be reached:

**Name(s)**

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**Contact Phone**

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**People authorized to pick up my child**

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**Child's Name** \_\_\_\_\_

**Medical Insurance** YES\_\_\_ NO\_\_\_

**Insurance Company** \_\_\_\_\_

**Policy/GroupID#** \_\_\_\_\_

**Allergies, Medications, and/or Medical Conditions**

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**People authorized to pick up my child**

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**Child's Name** \_\_\_\_\_

**Medical Insurance** YES\_\_\_ NO\_\_\_

**Insurance Company** \_\_\_\_\_

**Policy/GroupID#** \_\_\_\_\_

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**Child's Name** \_\_\_\_\_

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**Allergies, Medications, and/or Medical Conditions**

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**Name(s)**

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**Contact Phone**

\_\_\_\_\_

**People authorized to pick up my child**

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**Have Questions? Need Help?**

**Contact Brandi Verkamp by email at [selvincommunitychurch@gmail.com](mailto:selvincommunitychurch@gmail.com)**

**or call 304-360-3745**

**Thank you for enrolling in our Waves of Wonder 2025 Vacation Bible School.**

**We can't wait to learn about God with you and your family!**