



# Bandon First Baptist Church

## Vacation Bible School 2018 – “Colors to Jesus”

Registration & Release

Print Child’s First & Last Name:

\_\_\_\_\_

Grade child will be entering in the 2018-2019 school year: \_\_\_\_\_ Child’s DOB: \_\_\_\_\_

Parental/Guardian Consent: In the event of an emergency, or a situation that is reasonably considered to be an emergency, I, the parent/guardian give permission to Bandon Ministerial Association and/or First Baptist Church of Bandon to seek and authorize emergency medical care to be given to my child named above. (For example; first aid, medication, anesthesia, or surgery.) This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent. FBC will make reasonable attempts to notify parents/guardians prior to authorizing any such emergency care. I fully understand that my child must abide by all rules governing conduct and safety while attending BMA Vacation Bible School Program activities. Additionally, I give permission for my child to be photographed during activities associated with Vacation Bible School. I understand that said photos/videos may be used for the VBS program and in BMA and FBC’s promotional materials and public media, and that my child’s name will not be used with the image.

Parent/Guardian Signature:

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Print Alternate Emergency Contact Name: \_\_\_\_\_

Relationship To Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List Special Considerations (allergies, medical or behavioral conditions). If NONE, check this box

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Indicate any special custody arrangements, ride arrangements, authorized pick-up people, or other relevant information below. This information will be kept confidential.

\_\_\_\_\_  
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