


Bandon First Baptist Church
VBS 2019 – “Who is My Neighbor?”

Registration & Release

Print Child’s First & Last Name:

Grade child will be entering in the 2019-2020 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.

