St. Mary Magdalene Episcopal Church Vacation Bible School Registration Form

% July - % July 201-

Child's Name:		Grade (2017-2018)	Age
Birthdate:	Allergies/Health Concerns:		
Child's Name:		Grade (2017-2018)	Age
Birthdate:	Allergies/Health Concerns:		
Child's Name:		Grade (2017-2018)	Age
Birthdate:	Allergies/Health Concerns:		
Parent(s)' or Legal Gua	ardian(s)' Name(s)		
Address		reet	
City	WOLLY S	Part 15	Zip Code
Phone# ()	11/25 AT W.	Alt. Phone# ()	
Email			
Location of Parent(s)/L	egal Guardian(s) During Program:		
Relationship to Child _	Life is wild		
Contact Phone () _			
	EMERGENC	Y CONTACTS	
	(AFTER Parent(s)/Legal G	uardian(s) Have Been Tried)	
Name			
Relationship to Child _			
Contact Phone () _			
Name			
Relationship to Child _			
Contact Phone ()			

RELEASES

I, the undersigned, as the parent or legal guardian of the named child/children, do hereby give permission for him/her/them to participate in any of the activities conducted by Christian Formation during Vacation Bible School of St. Mary Magdalene Episcopal Church.

LIABILITY RELEASE: I also hereby release, forever discharge, and agree to hold harmless and indemnify St. Mary Magdalene Episcopal Church and the directors, officers, employees and volunteers thereof from any all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child/children that occur during all Christian Formation activities. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in these activities. Further, authorization and permission is undersigned further hereby agrees to hold harmless and indemnify

Further, the undersigned agrees to hold harmless and indemnify St. Mary Magdalene Episcopal Church, its directors, officers, employees, volunteers, or agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of the above named child/children, including expenses incurred attendant thereto.

MEDICAL RELEASE: I attest that the above named child/children is/are in good physical condition. Should any accident or illness occur during any Christian Formation activity, I will not hold

St. Mary Magdalene Episcopal Church or its directors, officers, employees, volunteers, or agents responsible for medical aid rendered and will reimburse them for the medical and other expenses incurred. The above named child/children may receive necessary first aid. He/she/them may receive medical attention by any duly licenses physician, and may be admitted into a hospital in case of emergency.

EMERGENCY/DISASTER PREPAREDNESS: In case of an emergency or disaster, my child/children may be released into the care of the above listed parents, legal guardians, designated pick-up persons, or emergency contact persons.

CONSENT FOR PHOTOGRAPHS & VIDEOS: I hereby authorize and give full consent, without limitations or reservations, to St. Mary Magdalene Episcopal Church to publish any photographs or videos in which the above named child/children, parent(s), legal guardian(s), designated pick-up person(s), or emergency contact person(s) appear while participating in any program with St. Mary Magdalene Episcopal Church.

There will be no compensation for use of any photographs or videos at the time of publication or in the future.

Life is wild "God is good

Parent's/Legal Guardian's Signature: _555555555555555555555555555555555555	55555
Date:	

Please return completed registration forms to St. Mary Magdalene Episcopal Church at P.O. Box 33, Manor, TX 78653