VBS 2019

Registration

(please fill out a separate form for each child attending)

# Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date (mm/dd/yy):\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_

# Grade in School in September 2019: \_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip:** \_\_\_\_\_\_\_\_\_\_

## PARENTS’ PERMISSION

### AND RELEASE FROM LIABILITY

I give permission for my son / daughter / children to participate in Vacation Bible School at Lawrence Road Presbyterian Church on July 8 - 12, 2019, from 8:45am until 12:00 noon. I understand there is risk of injury or loss associated with this activity. I hereby release Lawrence Road Presbyterian Church, its officers, volunteer youth leaders, paid staff, and the owners of the property from liability for any injury or loss which may occur in connection with this activity. My child is covered by insurance and I understand that I will be responsible for any medical costs in connection with any injury or loss.

**Child’s prescribed medication(s) we should know about?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies we should know about:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents’ Name** (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents’ Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents’ telephone number** (including area code): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Contact (**please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Participant (**aunt, neighbor, grandparent, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Contact telephone number (**including area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician’s Name and telephone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who will pick up the child at the end of each day?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Mail or return this form to the church office.*