

# Vacation Bible School Registration Form

## Child Information

Child's Name:

Birthday:

Last Grade Completed:

Medical Information: Please include any food allergies/ other allergies, medications your child is taking, or medical condition that we should be aware of:

## Parent/Guardian Information

Name:

Street Address:

City:

State:

Zip Code:

Preferred Phone:

Alternate 1 Phone:

Alternate 2 Phone:

E-Mail:

## Emergency Contact Information (Two Are Required)

Contact #1 Name:

Phone #:

Contact #2 Name:

Phone #

## Permissions / Releases

If the contacts listed above cannot be reached in an emergency, I hereby give permission to the physician selected by Thalia Lynn Baptist Church's staff to secure proper treatment for the child named above.

Dismissal Information: We will not release a child to an adult that is not authorized by you. Identification will need to be shown before picking up a child. Name(s) of person(s) other than parent/guardian listed above that may pick up: If none, indicate so.

I/we release and discharge Thalia Lynn Baptist Church from any legal or medical claims, demands, actions, or cause of action, past present, or future arising out of any injury while participating.

Are you actively attending a church? Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Parent/ Guardian Signature: \_\_\_\_\_