



Living Word Christian Church VBS 2018

REGISTRATION FORM



Last initial _____
Crew name _____

Child's Name _____ Grade in fall _____ T-shirt size _____
First name Last name

Mother's Name _____ Father's Name _____
First name Last name First name Last name

Address _____
Street City Zip Code

Mother's Cell # _____ Father's Cell # _____

Home Phone _____ In case of emergency, the best # to call is: _____

Email _____

List all who are authorized/permitted to pick up this child _____

(MUST be 18 yrs. old or older)



EMERGENCY CONTACTS (IF parents cannot be successfully contacted)

Name _____ Relationship to child _____ Best phone # _____

Name _____ Relationship to child _____ Best phone # _____

HEALTH CONCERNS (Food allergies, diabetes, bee stings, etc.)



Child's Name _____ Concern _____

Will your child bring Epi Pen Inhaler Other _____

IN CASE OF EMERGENCY - Please indicate your hospital of choice should such measures be necessary _____

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 the Children's Ministry for Living Word Christian Church between the dates of July 9 & 13, 2018.

LIABILITY RELEASE: I also hereby release, forever discharge, and agree to hold harmless the Living Word Christian Church and the directors thereof from any and 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 Vacation Bible School. Furthermore, I hereby assume all risk and personal injury, sickness, death, damage, and expense as a result of participation in these activities. Further, authorization and permission is granted to furnish any necessary food and transportation for the activity. The undersigned further hereby agrees to hold harmless and indemnify Living Word Christian Church, its directors, employees 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 Vacation Bible School I will not hold Living Word Christian Church or its directors responsible for medical aid rendered.

DISASTER PREPAREDNESS: In case of disaster, my child/children may be released into the care of a parent, legal guardian, or the above listed emergency contact persons.

CONSENT FOR PHOTOGRAPHS & VIDEOS: I hereby authorize and give full consent, without limitations or reservations to Living Word Christian Church to publish any photographs or videos in which the above named student(s), parent(s), or any other family member(s) appear while participating in Vacation Bible School. There will be no compensation for use of any photographs or videos at the time of publication or in the future.



PARENT/GUARDIAN SIGNATURE _____ DATE _____

"I am the resurrection and the life. He who believes in Me will live..."