



2019 VBS Registration Form

First Child: _____

Male/Female _____ Age _____ School grade just completed _____

Medical conditions we should be aware of: _____

Second Child: _____

Male/Female _____ Age _____ School grade just completed _____

Medical conditions we should be aware of: _____

Third Child: _____

Male/Female _____ Age _____ School grade just completed _____

Medical conditions we should be aware of: _____

PARENTS: _____

ADDRESS: _____

CITY/ZIP: _____

EVENING PHONE: _____ **OTHER PHONE:** _____

I give permission for my child to take part in all Vacation Bible School activities and absolve Christian Life Center and its VBS staff from liability in case of injury to my child while in attendance at VBS. In the event of an accident or other emergency (when a parent/guardian is unavailable) I hereby authorize a representative of Christian Life Center to make necessary arrangements for my child to receive medical or hospital care, including transportation. I understand that medical insurance is my responsibility. I authorize the care and treatment of my child to be performed by any licensed physician or surgeon. **I fully understand that my child must be under the supervision of at least one parent at the Friday Night Campout. In the case that neither parent is attending, I will make PRIOR ARRANGEMENTS for my child to be under the supervision of ANOTHER PARENT. I am not expecting VBS staff to be responsible for the supervision of my child at the Campout.**

Parent's signature _____ Date _____

Total Registration: _____ Amount paid _____ Balance _____ Staffer _____

Cash: _____ Check # _____