

# VBS 2011 REGISTRATION FORM

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

**Phone Numbers:**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

**Age Information:**

Birth date and last grade completed in school \_\_\_\_\_

**Medical Information:**

Medical or other information we need to know. (Please include any food allergies.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Name \_\_\_\_\_ Phone number \_\_\_\_\_

**Dismissal Information:**

Who may pick up your child at the end of each VBS day?  
\_\_\_\_\_

**Other Information:**

Do you attend Sunday School? If so where?  
\_\_\_\_\_

If you are visiting our church, who are you a guest of?  
\_\_\_\_\_

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph in church publications for the purpose of promotion? Yes No

**FELLOWSHIP BAPTIST CHURCH  
PARENTAL CONSENT FORM**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

To whom it may concern: The undersigned does/do hereby give permission for \_\_\_\_\_, a minor child, to attend and participate in activities sponsored by Fellowship Baptist Church beginning on the 1st day of January, 2011, and concluding on the 1st day of February, 2012. I authorize an adult in whose care the minor child has been entrusted to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor child under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor child pursuant to this authorization. Should it be necessary for the minor child to return home because of medical or other reasons, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for the minor child to ride in any vehicle designated by the adult in whose care the minor child has been entrusted while attending and participating in activities sponsored by Fellowship Baptist Church.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RISKS WHICH MAY BE ENCOUNTERED ON THE SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I, do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge Fellowship Baptist Church of Fairfield, PA and its agents, employees, and volunteers from any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death. I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the state of Pennsylvania and that is any legal portion hereof is held valid, it is agreed that the balance shall, notwithstanding, continue in full legal force and affect. This release contains the entire agreement between the parties hereto.

I further state that I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE ON MY OWN FREE ACT. I understand that this is a legally binding agreement.

**This form MUST be signed by all individuals who have legal guardianship.**

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group Number \_\_\_\_\_

Policyholder Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please list on the back of this Consent Form any allergies and/or medical conditions the minor child may have.  
Also, list any prescription medication he/she may be taking at this time.



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