



VBS Registration



June 10-14, 2019
9:00 am – 12:00 noon
Age 4 years – 8th grade welcome!

Return to the church office, or call 465-3736, or e-mail to office@gracechapelwl.org.

Student Names	Birth Date	Grade Finished Spring 2019
1.		
2.		
3.		
4.		
5.		

Name of Home Church (if you have one): _____
 Are you a guest of someone at Grace Chapel? If so, who? _____

Contact Info:

Parent / Legal Guardian:	
Street Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
E-mail:	

Permissions:

For safety purposes, please list first and last names & relationship to the child, of anyone other than the parent/guardian listed above who has your permission to pick up the child after VBS (grandparents, neighbor, friend, babysitter, etc.):

Name	Relationship to Child

May we have permission to use your child's photograph in a slide show on Parents' Night? Yes No



Emergency Info:

Physician Name:	
-- Phone:	
Dentist Name:	
-- Phone:	
Alternate Emergency Contact Name:	
-- Phone:	
-- Relationship to Child:	

Medical Info:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, allergy, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which ministry leadership should be aware, and what (if any) action of protection is required on account thereof. Submit this notification in writing by either filling in below or attaching to this form.

Minor Names	Condition Description
1.	
2.	
3.	
4.	
5.	

I, _____ (**printed** name of parent/guardian), being the parent or legal guardian of _____ (**printed** names of students), hereby give my consent for my minor child(ren) to participate in and be transported to and from all activities sponsored by Grace Chapel during the effective date period specified at the top of this form.

I understand that there are inherent risks involved in any ministry or athletic event, and that the possibility of an unforeseen hazard does exist. **I hereby release Grace Chapel, its pastors, employees, agents, and volunteer workers, from any and all liability** for any damages, losses, diseases, or injuries incurred by the minors listed on this form.

In the event that my child should need emergency medical treatment, **I consent to any reasonable medical treatment as deemed necessary by a licensed physician.** In the event treatment is required from a physician and/or hospital personnel designated by the church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Signature: _____

Date: _____