

Macland Presbyterian Church VBS Registration Form

June 12-16 9:00am – 12:00pm

Cost: \$25 per child *before* May 1st \$30 per child *after* May 1st

Ages rising 3 (potty trained) to rising 5th grade

Child's name: _____ Gender: M F
Address: _____ T shirt size _____
Email: _____
Phone: _____
Birth date: _____ Grade Completed _____
Home Church: _____

Allergies/Medical information or other concerns:

Emergency Contacts:

Parent: _____ Phone: _____

Other: _____ Phone: _____

List of persons who may pick up this child from VBS each day:

Permission to seek medical attention/ Medical release authorization

My child, _____, has my permission and is physically able to participate in the VBS program at Macland Presbyterian Church. In the event of injury or illness, I authorize leaders of the program to seek or provide any appropriate treatment for my child. In the event that my child needs immediate medical assistance, I give my permission to admit my child to the care of any available physician and said person(s) may use this statement to administer all necessary aid, treatment, and medication needed. I agree to hold Macland Presbyterian Church and the volunteers of vacation bible school blameless for any injury to my child.

I grant permission for my child's photograph to be published in print, video or website in conjunction with the promotion of Macland Presbyterian Church. I understand that at no time will my child's partial or full name be attached to any material used in production.

Signature of parent/guardian: _____

Date

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