



Noelridge Park Church VBS 2017 Registration Form

Parent(s) or Guardian Name(s): _____ Home Phone #: _____
 Address: _____ City: _____ ZIP: _____
 Mother's cell #: _____ Father's cell #: _____
 E-mail(s): _____
 Invited to VBS by: _____ Church (if any): _____
 Emergency contact **name** and **phone #**: _____ Who will transport your child/children: _____
 List individuals authorized to pick up your child/children: _____

(Noelridge Park Church 2017 VBS leaders/volunteers **will not** release your child/children to anyone **whose name isn't** listed in this form)

CHILD/CHILDREN'S INFORMATION

Name: _____ Birthday: _____ Age: _____ Grade: _____
 Medical conditions or allergies that we need to know: _____
 Name: _____ Birthday: _____ Age: _____ Grade: _____
 Medical conditions or allergies that we need to know: _____
 Name: _____ Birthday: _____ Age: _____ Grade: _____
 Medical conditions or allergies that we need to know: _____

Terms and Conditions

1. I understand that my child/children may participate in physical activities such as those held during game time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability Noelridge Park Church and any persons involved in the Noelridge Park Church 2017 VBS week.
2. In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Noelridge Park Church VBS 2017 volunteers to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all costs connected to any accident or treatment of my child.
3. I grant permission for a photo of my child to appear on Noelridge Park Church's Website/VBS Page. I also give permission for photo(s) of my child to appear among other general VBS photos as long as there is no identifying information shown:
() YES () NO
4. I grant permission for my child/children to travel to/from VBS with an adult leader if my child/children need (s) a ride to/from Noelridge Park Church Facilities. Any such event will be clearly communicated with me beforehand.
5. I understand that Noelridge Park Church 2017 VBS leaders/volunteers **will not** release my child/children to anyone **whose name isn't** listed in this form.

I have read and agree to the Terms and Conditions stated above.

Parent/Guardian's name (Print): _____ SIGNATURE : _____ DATE: _____