



Lakeshore Church

Vacation Bible School 2013 Registration Form

May 28th-June 1st
Dinner Provided

*Please fill in this form completely (front and back)
and return to the Welcome Center.*

Personal Information (One Form Per Family)

Name(s) & Ages(s)—Must be 4 before 6/1/2013 _____

Mother's Full Name _____

Father's Full Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Name of Home Church _____

In Case of Emergency, contact: _____

Name and phone number

**** Emergency Contact Information (Required).**

Will anyone other than a Parent/Guardian be dropping off or picking up your child?

Yes ____ No ____ If yes, please list below.

Name and Phone Number _____

This form is continued on the other side of the page.

Consent and Medical Release Information

Consent of release of liability:

I do hereby waive, release, covenant not to sue and forever discharge, to the fullest extent permitted by law, Lakeshore Church and its related or connected organizations, officers, agents, employees, representatives, successors, assigns and all other of and from any and all responsibilities, claims, and expenses, personal injury, wrongful death or liability for injuries or damages of any kind resulting from the participation of my child in any activities of the Lakeshore Church children's ministry facilities, rented or owned, or arising out of any Lakeshore Church children's ministry activities. I do also hereby indemnify, release and hold harmless, to the fullest extent provided by law, all of those mentioned and any others acting upon their behalf or in any way arising out of or connected with my child's participation in any activities of the Lakeshore Church children's ministry.

Consent of medical release:

As a parent and/or guardian, I hereby authorize and direct the treatment by a qualified and licensed medical doctor of my child in the event of a medical or dental emergency, which in the opinion of the attending physician, may endanger his/her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after reasonable effort has been made to reach me.

Consent of release of medical conditions:

My child is subject to the following allergies or medical conditions, and I authorize Lakeshore Church to disclose such allergies or medical conditions to a licensed medical doctor in the event my child should require emergency medical or dental care.

Please fill in all sections completely.

Food Allergies: _____

Allergies to Medications: _____

Other Allergies: _____

Has your child ever had any of the following (please check those that apply):

____diabetes ____epilepsy ____asthma ____heart trouble ____thyroid problems ____rheumatic fever

Illnesses: _____

Disabilities: _____

Physical, medical or dietary restrictions: _____

Are all of your child's immunizations current? Yes____ No____

**Parent's signature: _____ Date: _____