

VBS Participant Registration Form

Name of child(ren): _____ DOB: _____ Grade finished: _____

_____ DOB: _____ Grade finished: _____

_____ DOB: _____ Grade finished: _____

_____ DOB: _____ Grade finished: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

In case of an emergency:

Mother: _____ Contact number: _____

Father: _____ Contact number: _____

Other: _____ Contact number: _____

Allergies/other medical conditions: _____

Church member?: Yes ___ No ___ Home church: _____

Are you a VBS volunteer? _____

TEAM NUMBER (church use only): _____

The child/children listed above has/have my permission to attend VBS 2013 at Wilcrest Baptist Church. I give them permission to participate in all VBS activities, and will not hold Wilcrest Baptist Church liable for any accident or injury to my child. In case of an extreme emergency, Wilcrest Baptist Church has my permission to take my child/children to a licensed, practicing physician.

Parent/Guardian Signature: _____ Date: _____

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Parent/Guardian Signature: _____ Date: _____