

FBC Vacation Bible School 2019

Children's Information	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Name				
Birthdate/ Age				
Last Grade Completed				
Allergies if yes Please list	Yes / No	Yes / No	Yes / No	Yes / No
Special Concerns/ Needs				
T Shirt Size \$10	<u>Child</u> XS S M L <u>ADULT</u> S M L XL	<u>Child</u> XS S M L <u>ADULT</u> S M L XL	<u>Child</u> XS S M L <u>ADULT</u> S M L XL	<u>Child</u> XS S M L <u>ADULT</u> S M L XL
Attend Church, If so where	Yes / No	Yes / No	Yes / No	Yes / No

Check if you are a VBS Volunteer

Please list who **HAS** permission to pick your child up _____

Please list anyone **NOT** allowed to pick your child _____

COMPLETE THE BACK OF THIS FORM

The Consent and Release Form is to certify that I, as parent/guardian, in consideration of the benefit to my child/children attending the Vacation Bible School located at First Baptist Church of Blountville, consent to my child/children (listed above) attending the Vacation Bible School under the jurisdiction of the organizers, sponsors, officers, employees, agents, and servants of First Baptist Church of Blountville; and **release** the said First Baptist Church of Blountville, its successors and assigns, its officers, directors, trustees, employees and agents, volunteers together with the organizers, sponsors, officers and employees and volunteers of the said Vacation Bible School including from any all claims or actions whatsoever based on my child attending said Vacation Bible School including but not limited to any and all claims for damages, costs, expenses and injuries.

In the event of any emergency where medical treatment is required, I give my permission to the staff and volunteers to obtain the services of a licensed physician and give my permission to the doctor to provide the medical services he or she may deem necessary. I understand that the staff and volunteers will make every attempt to notify me/us immediately concerning any such emergency.

I will give notice to the church if I feel there are any health considerations that would hinder my child from taking part in any of the activities.

I also understand that photo and video images of my child may be taken while attending Vacation Bible School and might be used for purpose of promotion.

You can rely on the above consent until I notify you in writing of any changes.

Signed _____ Date _____

(Parent/ Guardian)

Insurance Information

Health Carrier _____

Policy # _____ Group # _____

Contact# _____