

Richland Christian Church
2021 Vacation Bible School Registration Form

Family Name (All children on this form will be released under this name): _____

Child's Name: _____ DOB: _____ Grade Entering: _____

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Child's Name: _____ DOB: _____ Grade Entering: _____

Child's Name: _____ DOB: _____ Grade Entering: _____

Child's Name: _____ DOB: _____ Grade Entering: _____

Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

T-Shirt Size (Youth S to Adult XL): Child: _____ Size: _____

Child: _____ Size: _____ Child: _____ Size: _____

Child: _____ Size: _____ Child: _____ Size: _____

Home Church: _____

How often you attend: never occasionally frequently weekly

Emergency Contact - Name: _____

Phone: _____ Relationship to children: _____

Allergies / Dietary restrictions / Other Health Concerns (use the back if additional space is needed):

Please complete the reverse side of this form.

Parental Permission Form

LIABILITY RELEASE: In consideration of Richland Christian Church allowing the child/children listed on the front of this form to participate in Vacation Bible School, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Richland Christian Church, its pastors, directors, employees, volunteers, and teachers (collectively herein the "Church") from any and all liability, claims, or demands that arise resultant to participation in any activities associated with Vacation Bible School at Richland Christian Church.

MEDICAL TREATMENT PERMISSION: I/We, the undersigned, parent/guardian of the child/children listed on the front of this form do here by authorize the adult sponsors of Richland Christian Church, as agent for the undersigned, to consent to any x-ray examination, medical diagnosis or treatment and hospital care, which is deemed advisable by, and is required to be rendered under the general or special supervision of any physician, and whether such diagnosis or treatment is rendered at the office of said physician or at a hospital or other health care facility. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of the agent to give specific consent to any and all such diagnosis, treatment or hospital care which may be determined by a physician to be advisable in the exercise of his best judgment. This authorization is given for Vacation Bible School and shall remain effective from Sunday, July 11, 2021 through Friday, July 16, 2021 unless sooner revoked by written instrument delivered to said agent for medical consent. I/We understand that Richland Christian Church will in no way be financially responsible for any required medical care administered to the child listed above.

PHOTO / VIDEO CONSENT: I, the undersigned parent or guardian, Consent Do Not Consent to my children listed on the front of this form and attending Richland Christian Church Vacation Bible School to be photographed or video recorded. I agree that Richland Christian Church shall have the right, but not the obligation, to use my child's photograph or video at any time for their official printed material, website, Facebook, or any other purpose or materials the ministry deems appropriate and necessary. The child's name will not be used along with the photos.

Parent or Guardian Signature: _____ **Date:** _____

Insurance Carrier: _____

Insurance Group #: _____

Preferred Hospital: _____