



July 13-17, 2009 – Christ’s Family Church – VBS Registration

Families, please complete one form per child. Thank you!

Last Name _____ First Name _____

Age _____ Date of Birth: Month _____ Day _____ Year _____

Child’s Grade (Fall 2009) _____ Sex / Male ___ Female ___

Child’s Address _____ City / State _____ Zip _____

Parent’s/Guardian’s Name _____

Parent’s/Guardian’s Phone _____ Cell Phone(s) _____

Persons to be contacted in case of emergency:

1. Name _____ Phone _____ Relationship to Child: _____

2. Name _____ Phone _____ Relationship to Child: _____

Does your child have any medical condition(s) that we should be aware of? _____

Allergies, medications, etc. _____

Siblings who will also be attending VBS _____

My child would like to be in class with the following friend or friends _____

I The undersigned gives permission to his or her child to participate in the above named activity and releases **Christ’s Family Church**, its officers, employees, and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of his family, in attendance, and the undersigned agrees to defend and indemnify **Christ’s Family Church**, its officers, employees, and agents from any liability or loss they might sustain by reason thereof. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the director of children’s ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

Signed: _____ Date: _____

Insurance Company: _____ Policy No. _____

By signing this registration form you agree that any photographs taken of your child at or during this event are the property of **Christ’s Family Church** and may be used in future publications as deemed appropriate.