

2024 VBS Registration Form

Child's Name _____

Parent/Family/Guardian Name _____

Address _____

Email Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Date of birth _____ Age _____ Last school grade completed _____

Home Church (if any) _____

Special Needs/Allergies/Medical Information/Other: _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Name(s) of person(s) who may pick up this child from VBS _____

North Spray Christian Church/Spray United Methodist Church VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

I assume the risk and promise to release, forever discharge, and hold harmless North Spray Christian Church and Spray United Methodist Church, its staff, and volunteers from any and all liability for personal injury or sickness and damage to personal or public property, which might result from the listed child's participation in Vacation Bible School, including being transported to/from church. I also give permission for the staff/volunteers to administer first aid or to seek medical care for my child during my child's participation in the program, including transportation of my child to a medical facility for additional treatment that appears necessary.

Parent/Guardian's signature _____

----- (for church use only) -----

Assigned to Group: _____