

# Beach Blast Weekend Adventure 2011

## Registration Form



Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

**Phone Numbers:**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

**Age Information:**

Birth date (for preschoolers) or last grade completed in school \_\_\_\_\_

**Medical Information:** (Please include any food allergies.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

**Dismissal Information:**

Who may pick up your child at the end of each day's activities (List all names)?

\_\_\_\_\_

**Other Information:**

Name of the Church Your Family Regularly Attends

\_\_\_\_\_

May we have permission to use your child's photograph in church publications for the purpose of promotion? Yes No

\_\_\_\_\_

**\*\*\*Please read carefully/Must be signed by parent or guardian\*\*\***

Does this child have any disabilities, handicaps, present injuries, or limitations, allergies, hemophilia, heart condition, and other significant medical conditions? \_\_\_\_ Yes \_\_\_\_ No

If yes please explain \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Authorization:**

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the VBS directors, volunteers, church staff members, or parents of participants acting in the capacity of activity supervisors, as my agents to consent medical treatment. In case of emergency I hereby authorize treatment and care at a hospital.

Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Waiver of Liability and Disclaimer:**

I, the parent, or guardian of the above named individual acknowledge that participation in Vacation Bible School necessarily involve risk of physical injury. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs I hereby release, and hold harmless the First Baptist Church of Aurora Vacation Bible School staff from any claims arising out of or relating to any physical injury that may result to said individual while participating in the camp.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_