

2019 VACATION BIBLE SCHOOL REGISTRATION
MONDAY, JULY 22ND THRU FRIDAY, JULY 26TH
6:00 - 8:30 PM



WAIVER & MEDICAL RELEASE

CHILD'S NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	
EMAIL:	
PARENT(S) NAME(S):	ALTERNATE PICK-UP PERSON:
PARENT(S) CELL PHONE:	
IN CASE OF EMERGENCY CONTACT:	
ALLERGIES OR OTHER MEDICAL CONDITIONS:	
CHILD'S AGE:	BIRTHDATE:
ARE YOU PRESENTLY ATTENDING A CHURCH?	YES / NO
WOULD YOU LIKE US TO CONTACT YOU FOR FUTURE EVENTS?	YES / NO

Thank you for allowing your child to attend VBS at Glad Tidings Assembly of God. We want to provide a safe, fun, and educational environment for all children. Please know that all of the adults who work with minors have gone through a mandatory background check.

Will you be staying with your child during VBS? YES / NO

♦ For safety and security purposes, all children ages 4 and under MUST be accompanied by an adult at all times.

Sports Choice: Please mark 1st & 2nd choice with "1" & "2"

Basketball Soccer Cheerleading Backyard Games
 (Please bring a basketball or soccer ball/shin guards and sneakers. No cleats please.)

*** PARENT * - PLEASE COMPLETE THE REGISTRATION BY FILLING OUT AND SIGNING THE BACK OF THIS FORM.**

As the parent or legal guardian of _____ (print name of child), I hereby give permission for my child to participate in the Glad Tidings Assembly of God VBS Program. I understand that Glad Tidings Assembly is a nonprofit charitable institution, which is voluntarily presenting this program for my child, other participants, and the community. I also understand that the program has activities that can involve physical contact with other participants, the ground or equipment, and that there is a resulting risk of physical injury to my child.

I have explained these risks and benefits of participating in this program to my child and my child is in proper physical condition and has no existing injuries or conditions that could jeopardize his/her safety or health, or the safety or health of the other participants. I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child's participation in the Glad Tidings Assembly of God VBS Program, and I release and absolve Glad Tidings Assembly, its representatives, staff, and/or volunteers on any such claim.

I give permission for the staff, representative, or volunteers of Glad Tidings Assembly of God to administer first aid or to seek emergency 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.

Due to the group nature of this program I understand that pictures may be taken that include my child, and I give my permission that such pictures may be used for promotional purposes.

 Printed Name of Parent/Guardian:

 Signature of Parent/Guardian:

Date: _____

• WE WILL DO OUR BEST TO PLACE YOUR CHILD IN THE SPORT OF THEIR CHOICE!