THREE FABULOUS SUNDAYS!
REGISTRATION AND PERMISSION FORM

Location: UNIVERSITY BAPTIST CHURCH
Dates: September 9, 16 & 23, 2018 (Sundays)
Time: 10:00 AM - NOON **(Please pick-up promptly!)**

Age of child:_____
Date of birth: _____
Grade in school:_____

My son/daughter has my permission to participate in THREE FABULOUS SUNDAYS. I do release University Baptist Church, their ministers and volunteer leadership, from liability for injury or accident, and do give my permission to the church's leadership to administer basic first aid and secure proper medical attention should the need arise.

Name of son/daughter: _____ Nickname: _____
Address: _____(street)
_____ (city, state) _____ (zip code)

Best contact phone number: _____ (Circle one: Cell Home Work)
Secondary contact number: _____ (Circle one: Cell Home Work)

WHO WILL PICK UP YOUR CHILD? _____
IS ANYONE NOT ALLOWED TO PICK UP YOUR CHILD?
_____

MEDICAL INFORMATION

Family physician: _____
Doctor's telephone: _____
Office address: _____

Please list any special instructions including medications your child is and/or will be taking and any medications your child may be allergic to:

_____
_____

NO MEDICATIONS OF ANY KIND WILL BE DISPENSED BY THE VBS STAFF!

PHOTO RELEASE

PHOTO RELEASE: I grant University Baptist Church permission to copyright and use photographs taken at Vacation Bible School of the child named above and waive any right I may have to inspect or approve the photographs appearing in church news letters, bulletin boards and media presentations.
YES NO (Circle one) May these photographs also appear on the church website? **YES NO**

If you will be out of the area during this time, how may we reach you?
_____
Name of relative or neighbor that can be contacted in case of emergency if neither parent can be reached:
_____ Telephone: _____

***MEDICAL INSURANCE COMPANY (NAME): _____
***POLICY NUMBER(S): _____

Serious behavior or discipline problems may result in parents being called to come and get their child. By signing this form I agree to this policy.

Parent's/Guardian's Signature: _____

THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED.
Thank you for taking the time to complete this form!!!