## VBS 2022 "On The Case" Registration Form

Child 1 name:			Gender:	
Age:	Birthdate:		Pronouns:	
Last grade completed:		Health	ı Card:	
Medications, allergies or	medical conditions:		<del></del>	
VBS Group (to be comple	eted by VBS Registration Crev	w):		
Child 2 name:			Gender:	<del></del>
Age:	Birthdate:		Pronouns:	
Last grade completed:		Health	ı Card:	
Medications, allergies or	medical conditions:		<del></del>	
VBS Group (to be comple	eted by VBS Registration Crev	w):		
Child 3 name:			Gender:	
Age:	Birthdate:		Pronouns:	
Last grade completed:		Health	ı Card:	
Medications, allergies or	medical conditions:			
VBS Group (to be comple	eted by VBS Registration Crev	w):		
Child 4 name:			Gender:	
Age:	Birthdate:	<del></del>	Pronouns:	
Last grade completed:		Health	ı Card:	
Medications, allergies or	medical conditions:			
VBS Group (to be comple	eted by VBS Registration Crev	w):		
Mother's Name:			Custodial Parent: Yes _	No
Mother's Cell Phone:	Mother's F	E- Mail:		
Mother's Address:				
	Father's E			
Father's Address:				
Emergency Contact Info:				
Names of people authori	zed to pick-up child(ren):			
SIGN & DATE:				

## Releases

**Parents/Guardians:** Please read the releases below and sign at the bottom. This release is valid until redacted in writing by parents.

Release: To the fullest extent permitted by law, I release \_Caradoc Presbyterian Church \_, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless\_Caradoc Presbyterian Church \_, its trustees officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

General: I give my consent for my child(ren) to attend activities, and events, on site and at \_\_Caradoc Presbyterian Church \_\_.

Medical: In the event of a medical emergency and when a contact cannot be made in a timely manner to me and/or the emergency contact listed, I give my permission for my child(ren) to receive appropriate medical attention. In the event of an unforeseen emergency or any accidents, I release \_Caradoc Presbyterian Church \_ . its employees and volunteers, and all those related to it, from any liability. I have provided emergency contact numbers and am assured that I will be contacted as soon as possible in the event that there is an emergency.

Transportation: Should transportation be needed in an emergency situation, I agree to allow my child(ren) to ride with children leaders, another staff member, a volunteer of the church, or a parent. Appropriate safety standards will be maintained and children will always be provided seatbelts. I understand that it is my child(ren)'s responsibility to wear his/her seatbelt. If no such permission is granted, I agree to transport my child(ren) to emergency services or EMS will be called.

Photograph release: Occasionally photos & videos may be taken during VBS. I grant permission for \_\_Caradoc Presbyterian Church \_\_ to post photos and videos including my child(ren) on its website or in other church publications.

My signature indicates that I agree with the above releases.				
Parent/Guardian Signature:				
Parent/Guardian Printed Name:				
Date:				