



PLEASE COMPLETE ONE VBS REGISTRATION FORM PER CHILD | ADULT

VBS PARTICIPANT 2018 VBS June 4th - June 8th

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

PARENT OR GUARDIAN

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Will VBS Participant be joining us for:

DINNER FREE each night @ 6pm	SKATE NIGHT Sat. June 9th @ 4:30pm	FAMILY BASEBALL OUTING Sun. June 10th @ 1:30pm
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

List any special needs, allergies (including food and prescription allergies), medical conditions, etc.:

CLASS SELECTION

Preschool Primary Juniors Teens

2-5 yrs 6-8 yrs 10-12 yrs 13-17 yrs

Young Adults Life App Adults

18-39 yrs

FOR CHILDREN AGES 2-17 ONLY

Emergency Contact Name: _____

Emergency Contact Phone: _____

ADDITIONAL NOTES OR COMMENTS:

I, _____ (parent/guardian), give my permission for _____ (child's name) to participate in and attend these activities: VBS SKATE NIGHT FAMILY BASEBALL OUTING

I also do hereby authorize **EMERGENCY MEDICAL TREATMENT** in the event that I cannot be reached at the time of the injury or accident. It is understood that the expense will be my responsibility.

Signature of Parent or Guardian _____ Date _____