

## **BEREAN VACATION BIBLE SCHOOL REGISTRATION**

Full Name: \_\_\_\_\_ Gender: Boy Girl Age: \_\_\_\_\_ School Grade Entering: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent's/Guardian's Names: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact (If Unable to Contact Parents): \_\_\_\_\_ Phone: \_\_\_\_\_

Buddy Request (Your child may list one child to be with.): \_\_\_\_\_

How often does child attend church? Never Occasionally Regularly Name of church: \_\_\_\_\_

### **Medical Information**

Medical information/conditions/developmental challenges: \_\_\_\_\_

Known drug/food allergies: \_\_\_\_\_

Does child have any conditions that would be affected by flashing lights? Yes No

### **Pick-up Authorization**

Name of adults authorized by you to pick up this child (List no more than 3 people. Circle those on VBS staff.): \_\_\_\_\_

Specify a non-custodial parent who may **NOT** pick-up your child: \_\_\_\_\_

### **Completed by VBS Registration Staff**

Class Assignment: \_\_\_\_\_ Security Codes: SC NCP MED ALG BL

### **PERMISSION AND RISK ACKNOWLEDGEMENT**

I, the parent or legal guardian of the previously named child, do hereby give my permission for my child to attend and participate in the **Vacation Bible School at Berean Church on June 16-20, 2008**. It is my understanding that participating in the programs and other activities of Berean Church of Muskegon is a privilege. Prior to my child's participation, I acknowledge that there are certain risks associated with such programs. In addition, I understand that even while the staff for this event have taken reasonable precautions to ensure the safety of my child and have made reasonable attempts to inform me about any risks, it is impossible to be aware of and prepared for every possible risk that could arise while children are at play or enjoying various activities. I agree to assume all risks of my child, whether such risks are known or unknown to me at this time. By signing this form, I affirm that my child is capable of withstanding both the physical and mental demands of the activities listed above.

### **RELEASE**

I release Berean Church of Muskegon and its ministers, leaders, employees, volunteers, representatives, and agents from any and all liability and any claims that my child may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's family, heirs, representatives, or assigns may have against Berean Church of Muskegon or its ministers, leaders, employees, volunteers or agents.

### **MEDICAL TREATMENT**

I also give my permission, in advance, for my child to receive emergency medical care and consent to any and all medical or surgical treatment or care of my child determined to be necessary or desirable by any physician attending my child, and authorize the representatives of Berean Church of Muskegon to obtain any medical care which in their sole discretion is deemed necessary and appropriate in the event that a health need arises which seems to pose an immediate threat to the continued well-being of my child, and my spouse or I or our contact person named above are not available. I agree to be solely responsible for the costs of all medical care obtained on behalf of my child in consideration for the service provided to me and my child by the Berean Church of Muskegon in connection with activities shown above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_