

# VBS Registration Form 2021

## Calvary Christian Fellowship

Child 1 name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Medications, allergies or medical conditions: \_\_\_\_\_

VBS Group (to be completed by VBS Registration Crew): \_\_\_\_\_

Child 2 name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Medications, allergies or medical conditions: \_\_\_\_\_

VBS Group (to be completed by VBS Registration Crew): \_\_\_\_\_

Child 3 name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Medications, allergies or medical conditions: \_\_\_\_\_

VBS Group (to be completed by VBS Registration Crew): \_\_\_\_\_

Child 4 name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Medications, allergies or medical conditions: \_\_\_\_\_

VBS Group (to be completed by VBS Registration Crew): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Custodial Parent: Yes \_\_\_ No \_\_\_

Mother's Cell Phone: \_\_\_\_\_ Mother's E-Mail: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Custodial Parent: Yes \_\_\_ No \_\_\_

Father's Cell Phone: \_\_\_\_\_ Father's E-Mail: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_

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Names of people authorized to pick-up child(ren): \_\_\_\_\_

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

General: I give my consent for my child(ren) to attend meetings, activities, and events, on site.

Release: To the fullest extent permitted by law, I release Calvary Christian Fellowship, Inc. 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 Calvary Christian Fellowship, Inc. its trustees officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

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 Calvary Christian Fellowship, Inc. 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.

I agree with the above releases.

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

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Photograph release: Photos & videos may be taken during VBS. I grant permission for Calvary Christian Fellowship, Inc. to post photos and videos including my child(ren) on its website or in other church publications.

I agree with the above releases.

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

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_