



**2023 Vacation Bible Adventure Registration and Waiver Release Form**

**Date: June 26 – June 29 (June 30: Family Night BBQ)**

**Time: 5:30 p.m. – 8:00 p.m.**

**Location: Christ Episcopal Church**

Please have children arrive by 5:30 p.m. for Check-in/Registration at front of church.

Child's Name (Last, First)	Birthdate	Last Grade Completed

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent email address(es) \_\_\_\_\_

**LIABILITY RELEASE:** In consideration of Christ Episcopal Church allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless [Christ Episcopal Church], its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims, or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever that may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible Adventure. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible Adventure location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Christ Episcopal Church, its directors, employees, volunteers, and agents from all liability, claims, or demands for accidental personal injury in the process of transportation.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the child(ren) pursuant to this authorization.

**PHOTO/VIDEO PERMISSION:** I DO / DO NOT (circle one) give my consent to Christ Episcopal Church to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless Christ Episcopal Church from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at Christ Episcopal Church's Vacation Bible Adventure. \*\*None of the photos will be for personal use. \*\*

I hereby give permission for my child(ren) to participate in Vacation Bible Adventure at Christ Episcopal Church.

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

**Complete the following for each child in the family.**

All information will remain confidential to Vacation Bible School staff.

Child's Name \_\_\_\_\_ Medical Insurance YES \_\_\_ NO \_\_\_  
Insurance Company \_\_\_\_\_ Policy/GroupID# \_\_\_\_\_  
Allergies, Medications, and/or Medical Conditions \_\_\_\_\_  
\_\_\_\_\_  
Activity restrictions \_\_\_\_\_  
Parent/Guardian phone number(s) \_\_\_\_\_  
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:  
Name(s) \_\_\_\_\_  
Contact Phone \_\_\_\_\_  
People authorized to pick up my child \_\_\_\_\_  
Child's T-Shirt Size: Youth/Small \_\_\_ Youth/Medium \_\_\_ Youth/Large \_\_\_  
\*\*Note: Any special dietary needs i.e.: vegan, gluten-free, etc. please send a pre-packed meal. Thank you.

Child's Name \_\_\_\_\_ Medical Insurance YES \_\_\_ NO \_\_\_  
Insurance Company \_\_\_\_\_ Policy/GroupID# \_\_\_\_\_  
Allergies, Medications, and/or Medical Conditions \_\_\_\_\_  
\_\_\_\_\_  
Activity restrictions \_\_\_\_\_  
Parent/Guardian phone number(s) \_\_\_\_\_  
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:  
Name(s) \_\_\_\_\_  
Contact Phone \_\_\_\_\_  
People authorized to pick up my child \_\_\_\_\_  
Child's T-Shirt Size: Youth/Small \_\_\_ Youth/Medium \_\_\_ Youth/Large \_\_\_  
\*\*Note: Any special dietary needs i.e.: vegan, gluten-free, etc. please send a pre-packed meal. Thank you.

Please return the completed Registration and Waiver Release Form to:

*Christ Episcopal Church*

VBA REGISTRATION BOX IN NARTHEX

Please do not detach envelope from registration.