



REGISTRATION FORM

Child's Name _____

Address _____

City _____ State _____ Zip _____

Birthday _____ Age _____ Last Grade Completed _____ Male/Female _____

EMERGENCY INFORMATION

Parent/Guardian Name _____

Mobile Phone _____ Work Phone _____

Emergency Contact (other than Parent/Guardian) _____

Relationship to child _____

Home Phone _____ Mobile Phone _____

Special Concerns (allergies, medications, medical conditions etc.)

TRANSPORTATION INFORMATION

Who may pick up your child at the end of each VBS day?

Do you need your child picked up or dropped off? Yes No

Pickup/Drop off Location _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the GAME ON! VBS at Anna Heights Baptist. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during GAME ON! VBS, I hereby authorize the VBS and church staff to obtain or provide medical treatment for my child for such injury or illness during the event.

I acknowledge and understand that my child is assuming risk of physical illness or injury by his/her participation, and I further release AHBC and its representatives from any claims for personal illness or injury that my child may sustain during the event. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the Vacation Bible School.

Name of Parent/Guardian _____

Signature _____ Date _____

Please mark the one that applies to your family:

Attend Anna Heights Attend another church Do not attend anywhere