

VBS Registration
August 16—20, 2010—Born in 2006 to Completing Grade 5

Last Name: _____

Children:

For Office Use Only	Name	Birthday m/d/y	Age	Grade Completed	Allergies	Care Card Number

Parents' Names _____

Address: _____

Home Phone _____ Work/Cell Phone _____

Person to notify in case of an emergency _____

Relationship _____ Phone _____

Doctor's Name _____ Phone _____

Waiver & Release

In consideration of the sponsors and representatives of Vacation Bible School, being a ministry of Bethany Baptist Church, agreeing to take my child _____ to Vacation Bible School, I, as legal guardian of the participant, for myself, my child, my heirs, executors, administrators, and assigns, waive any claims to which I or my child may become entitled for injury or damage and release the sponsors of Vacation Bible School and Bethany Baptist Church and its Directors and Officers and all other organizers, sponsors, representative, their agents and employees and any other person or organization assisting in this program and its events from any claims for damages or injury suffered by my child as a result of his or her participation in or traveling to or from this program and its events. I further state that my child is in proper physical condition to participate in this program and its events and that I am aware that my child's participation could, in some unforeseen circumstances, result in physical injury.

I further give my permission to Vacation Bible School and Bethany Baptist Church to obtain the services of a licensed physician in case of any injury.

I confirm that I have read the terms & conditions of the above Waiver & Release & understand its terms. Dated at Richmond, B.C., this ___ day of _____, 2010.

Signature: _____

Although there is no charge for this program, donations will be accepted at time of registration.