Kingdom Rock VBS Registration Form

Name: _____Parents Name(s): _____

Gender: M or F Grade Entering Fall 2013: _____

☐ I give permission for my child to be photographed or video taped.

☐ Check if filled out another form for a sibling. If so, please let us know which child and their grade so we can find them if need be. Then just proceed to the end and sign. If any information is different for this child, please make note of it in the appropriate place. Thank you.

Child's Name: _____

Grade: _____

Address: _____ City:_____ St:_____ Zip:_____

Home Phone: _____ Emergency (Cell) Phone: _____

Home Church: _____

For dismissal purposes please check appropriate answer. At the end of VBS my child will be:

- ☐ Picked up
- ☐ Walking Home/Riding Bike Home
- ☐ Other: _____

Medical Waiver: In signing this form, I agree to not hold Jamestown Reformed Church responsible for any injury incurred by my child during VBS June 10-13, 2013. In case of a medical emergency, I understand that every effort will be made to contact myself, the parent/guardian of the child, listed on this form. In the event I cannot be reached, I hereby grant permission to the physician selected by JRC to hospitalize secure proper treatment for and/or order injection, anesthesia or surgery for my child (listed on this form).

Secondary Emergency Contact:_____ Phone: _____

Name of Family Doctor:_____ Phone: _____

Name of Insurance Company: _____

Signature of Parent or Guardian: _____