

**Providence Baptist Church Vacation Bible School
Registration Form
Monday, July 13th - July 17th
at 6-8:30PM
Finale on July 17th**

Please Print Clearly and Return to the Church Office ASAP.

*If you have pre-registered online, please complete only what is marked with an asterisk (*)*

***Child's Name** (One Form Per Child): _____

Date of Birth: _____ ***Age:** _____ **Grade Entering:** _____

Allergies or Medical Concerns? : _____

***Name of Friend to Pair with at VBS** (if necessary): _____

If the children are in different age groups the older child will be placed in the group with the younger child.

Parent/Guardian Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

Secondary Phone #: _____ **Email Address:** _____

Emergency Contact Name: _____ **Phone #:** _____

***How did you hear about PBC's VBS:** _____ **Home Church:** _____

***EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION**

Purpose of the following information: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under church authority, *when parents or guardians cannot be reached*. **FILL OUT ONLY PART I or PART II.**

PART I – GRANT TO CONSENT

In the event reasonable attempts to contact me at (phone #) _____ have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) _____ or any other hospital reasonably accessible.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:

Parent/Guardian Signature: _____ Date _____

***PART II – REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency medical treatment, I wish the church authorities to take no action but to do the following:

Parent/Guardian Signature: _____ Date _____

***Providence Baptist Church Accident Waiver and Release of Liability Form**

Name of the Activity or Event: Big Fish Bay VBS

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATION AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

I WAIVE, RELEASE, AND DISCHARGE from any and all liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event.

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this Providence Baptist Church activity from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that this activity or event may involve risks caused by terrain, facilities, temperature, and weather condition of participants, equipment, vehicular traffic actions of other people and lack of hydration. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

PRINT Participant's Name and AGE

Signature of Participant DATE

Parent's Name in full Parent's Signature DATE

Emergency Number Name

Please list allergies on back of form if not already included with online registration