



## VACATION BIBLE SCHOOL REGISTRATION | July 13-17, 6:15-8:15 P.M.

Please complete one form per child you are registering. Turn the completed form(s) into the church office or when you arrive for VBS check-in.

### CHILD'S INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender: Male Female Grade Entering \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Church \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

### PICKUP PERMISSIONS *list additional person(s) who may pick up your child*

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

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ALLERGIES OR OTHER MEDICAL CONDITIONS

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VBS WAIVER AND PERMISSION FOR IMAGES/VIDEOS

*I indemnify and save Campus Church, Pensacola Christian College, Inc., its employees, and agents harmless from any liability or medical payments from my child(ren)'s participation in Vacation Bible School. I further understand that Campus Church and Pensacola Christian College do not provide medical insurance coverage for my child(ren) and that any medical expenses incurred will be paid by either my own medical insurance or me. I hereby grant permission for my child(ren) to participate in Vacation Bible School.*

*I hereby grant permission for Campus Church to record sounds, images, or video of my child while attending this VBS program. I also give permission for Campus Church at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media platforms) owned by Campus Church in relation to this VBS and future VBS programs*

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*Parent/Guardian's Signature* *Date*

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*Parent/Guardian's Printed Name*