



VACATION BIBLE SCHOOL REGISTRATION | July 12-16, 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 _____

*****continue to other side*****

ALLERGIES OR OTHER MEDICAL CONDITIONS

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

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name