



## VACATION BIBLE SCHOOL 2015

### Participant Registration Form

(one form per child)

**Deadline:** June 7<sup>th</sup> or until all slots filled

703-670-0184 (voice) // 703-670-0296 (FAX)

June 22 – 26, 2015

EMAIL: [vbsfmzbc@gmail.com](mailto:vbsfmzbc@gmail.com)

8:30am – 12:30pm

#### **Child's Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Sex (circle one): Male / Female

Grade Completed (**as of June 2015**): \_\_\_\_\_ FMZBC Member (circle one): Yes / No

Allergies, medical conditions, special accommodations: \_\_\_\_\_

#### **Family Information**

Parents/Guardians Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### **Emergency Contacts**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **THE FOLLOWING PERSONS ARE AUTHORIZED TO PICK MY CHILD UP FROM VBS:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **PARTICIPANT MEDICAL AUTHORIZATION, WAIVER OF LIABILITY, CONSENT TO IMAGE RECORDING**

(1) If reasonable attempts to contact me have been unsuccessful in an emergency, I hereby give permission to the First Mount Zion Baptist Church and its Vacation Bible School to secure necessary emergency treatment including transport to a local hospital and for any licensed physician or dentist to administer any treatment considered necessary, understanding all charges are at my expense. (2) For and in consideration of permitting the person indicated above to enroll in and participate in Vacation Bible School at First Mount Zion Baptist Church, I, for myself, my child, my executors and assigns, hereby voluntarily and forever release, discharge and relinquish First Mount Zion Baptist Church, its agents, officers, employees, and volunteers from any and all actions, causes of action, and claims for personal injury, permanent loss, or property damage of or to the participant arising out of, or in any way related to, their participation in such program, even though that liability may arise out of the negligence or carelessness of First Mount Zion Baptist Church or its officers, agents, employees, or volunteers. (3) I consent for my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of First Mount Zion Baptist Church and/or its VBS programs. Any other use will require my further consent. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_