



VACATION BIBLE SCHOOL 2016

Participant Registration Form
(one form per child; age 4 – 12th grade)

Deadline: June 12th or until all slots

June 27 – 30, 2016

M-W, 8:00am – 12:30pm

Th, 8:00am – 2:00pm

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

EMAIL: mhvbsfmzbc@gmail.com; vbsfmzbc@gmail.com

Child's Information

First Name: _____ Last Name _____

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

Grade Completed (*as of June 2016*): _____ 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-UP MY CHILD FROM VBS:

Name: _____ Phone: _____

Name: _____ Phone: _____

PARTICIPANT MEDICAL AUTHORIZATION, WAIVER OF LIABILITY, CONSENT TO IMAGE RECORDING AND USE

(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 advertisement of First Mount Zion Baptist Church and/or its VBS programs through all forms of print and social media. 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: _____