



VACATION BIBLE SCHOOL 2018  
Participant Registration Form  
(one form per child; age 4 – 12<sup>th</sup> grade)  
**Deadline:** June 10<sup>th</sup> or until all slots filled

Voice/FAX: 703-670-0184/703-670-0296

EMAIL: vbs@firstmountzionbc.org

**June 25 – 29, 2018**

**8:00am – 12:30pm**

**Child's Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex (circle): Male / Female

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Grade Completed (**as of June 2018**): \_\_\_\_\_

Will your child be signed in and out of VBS by Proverbs Place?  Yes  No \_\_\_\_\_

Is your child allergic to any medications and/or foods?  Yes  No

If yes, please list: \_\_\_\_\_

Does your child have any medical, physical, or behavioral conditions?  Yes  No

If yes, please explain: \_\_\_\_\_

**Family Information**

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

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

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

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

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

FMZBC Member Family  Non-FMZBC Member Family

**Emergency Contact**

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

**THE FOLLOWING PERSONS ARE AUTHORIZED TO SIGN-OUT/PICK-UP MY CHILD FROM VBS:**

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

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

I, \_\_\_\_\_, grant permission for my above named child  
**(grades 7<sup>th</sup> - 12<sup>th</sup> ONLY)** to sign her/himself out of VBS.

**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: \_\_\_\_\_