



VACATION BIBLE SCHOOL: *GROW IN GRACE* REGISTRATION/WAIVER FORM

June 27-July 1, 2022, 9:15am-12:15pm
Closing Picnic and Program on Friday, July 1st

Name of Child: _____

Age: _____ Grade in the Fall: _____ Gender: _____

Name of Child: _____

Age: _____ Grade in the Fall: _____ Gender: _____

Name of Child: _____

Age: _____ Grade in the Fall: _____ Gender: _____

Name of Child: _____

Age: _____ Grade in the Fall: _____ Gender: _____

Parent's Name: _____

Address: _____

E-mail: _____

Emergency Contact #: _____ Emergency Contact #: _____

Known Medical Conditions: _____

Allergies: _____

I hereby give my consent to have my minor child participate in the Wallace Presbyterian Church VBS. I recognized that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage to my minor child in connection with his/her participation in this activity. To the fullest extent permitted by law, I release Wallace Presbyterian Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage, or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Wallace Presbyterian Church, its trustees, officers, directors, employees, agents, and representative from any claims arising out of my minor child's participation in the activity.

I understand that efforts will be made to contact me prior to treatment but, in the event, I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring the event will be used as the secondary coverage.

Signature of Parent or Guardian Name: _____

Printed Name: _____ Date: _____

Witness: _____ Date: _____