

WATER OF LIFE COMMUNITY CHURCH  
Vacation Bible School CHILD Registration



July 19-23, 2009 6:30-9:00 pm

**Child Registration**

\_\_\_\_\_ M / F  
Last Name First Name Date of Birth Entering Grade Gender

\_\_\_\_\_ City \_\_\_\_\_ Zip Code  
Street Address

\_\_\_\_\_ Home Church  
Household E-mail Address Primary Phone No.

\_\_\_\_\_ Cell Phone No.  
Mother's Name

\_\_\_\_\_ Cell Phone No.  
Father's Name

List **allergies, medical conditions or injuries** that may restrict physical activity: \_\_\_\_\_

To minimize switching groups, please try\* to place my child with their friend \_\_\_\_\_

\*not guaranteed and must be in same grade First Name Last Name

**Local Emergency Contact Person**

In case of injury/illness and you are unable to be reached.

\_\_\_\_\_ Relationship  
Name Contact Phone No.

\_\_\_\_\_ Relationship  
Name Contact Phone No.

**As legal parent/guardian of I agree to register the above child to participate in VBS at Water of Life from July 19-23, 2009 from 6:30-9:00 pm daily.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**WATER OF LIFE COMMUNITY CHURCH**  
**Medical Information and Liability Waiver**

**Regular Medications**

Please list any medications that your child takes on a regular/daily basis. As per Water of Life policy we DO NOT administer medication to any child.

Medicine	Time Given	Dosage

**Other Required Information**

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy / ID No.

**Liability Waiver**

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for \_\_\_\_\_, (child's name) a minor to participate in all VBS programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to participate in VBS, use its facilities and/or partake of its programs, I \_\_\_\_\_, (adult's name) on behalf of myself as parent/guardian release the VBS, the Water of Life Community Church, their employees, officers, teachers, leaders, directors, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near VBS.

I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the VBS whether caused by the negligence of Releasees or otherwise.

I understand that if my child becomes ill or injured while participating in VBS Activities and requires medical treatment and a parent/guardian cannot be reached, VBS and Water of Life Community Church will obtain whatever medical treatment is necessary, including emergency treatment by paramedics. If I have any objection to my child receiving any medical treatment beyond First Aid, I will file such an objection in writing. I understand that the VBS and the Water of Life Community Church are not responsible for costs incurred for medical care.

I acknowledge that I have read this document, I understand it, and I voluntarily sign this document.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date