



VBS Registration Form

CHILD'S NAME:

GENDER: _____

AGE: _____

NAME OF PARENTS: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ CELL PHONE: _____

HOME EMAIL ADDRESS: _____

HOME CHURCH: _____

IN CASE OF EMERGENCY: _____

PHONE: _____

Any Allergies or medical conditions? Yes/No If yes, please explain:

I, _____ agree to allow my child, _____ to participate in all VBS activities sponsored by Grace Community Church. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE Grace Community Church of Pensacola, it's volunteers and representatives during this activity, paid or unpaid. I hereby release the entities or persons mentioned in this Grace Community Church activity from any and all liabilities or claims made as a result of participation in this activity or event.

Signature of parent or guardian