

# VBS Registration

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

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parents' Names: \_\_\_\_\_ Phone number: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Church affiliation if any: \_\_\_\_\_

Allergies: (food, medical, insect) \_\_\_\_\_

## Participation Agreement

*I, parent or guardian, of the listed child(ren), acknowledge and accept the risk of physical injury associated with participation in Vacation Bible School. Except for gross negligence on the part of the sponsor, I accept personal financial responsibility for any bodily or personal injury sustained during the activity. Further, I promise to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable arbitration process.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_