

WHITE BLUFF CHAPEL VBS REGISTRATION, PERMISSION AND RELEASE FORM

Child's Information

First Name: _____ Last Name: _____ M / F _____

Date of Birth: _____ Child's Age: _____ T-shirt Size: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Child's Allergies (Including Food Allergies): _____

Medical Conditions; Emergency Medication: _____

Child's Physician: _____ Phone: _____

Medical Insurance Company: _____ Phone: _____

Policy #: _____ Group #: _____

Parent's or Guardian's Information

Parent(s) or Guardian(s) Name: _____

Email: _____

Cell Phone: _____

Persons (other than Guardian) with permission to pick up your child from WBC Programs:

Name: _____ **Relationship to child:** _____ **Phone:** _____

Name: _____ **Relationship to child:** _____ **Phone:** _____

Name: _____ **Relationship to child:** _____ **Phone:** _____

IN CONSIDERATION OF the Child named above being permitted to participate in **White Bluff Chapel Children's Programs**, I, the undersigned, parent, or legal guardian of the Child on behalf of myself, my heirs, executors, administrators and assigns, hereby:

1. Certify that I am cognizant of the inherent dangers associated with participation in activities that may take place inside the WB Chapel building and outside on the WBC grounds. My child may be transported and participate in mission activities and field trips away from WBC grounds.
2. Understand and agree that neither WHITE BLUFF CHAPEL, its trustees, staff, representatives, volunteer workers or other agents may be held liable in any way for any occurrence in connection with my child's participation in activities which may result in injury, harm or other damages to me or my family, including but not limited to any claims resulting from their negligence.
3. Consent to any of the staff, employees, agents, and representatives of WBC administering or consenting to the administration of such emergency medical care to the Child as such person(s) deems appropriate in the circumstances. I further agree that I am financially responsible for any and all ambulance, emergency room and/or hospitalization deemed necessary for my child.
4. Give permission for WBC to use pictures or videos of my child taken during and in connection with Chapel activities. These may be used on the WBC website, in communication documents and during services.

I HEREBY ACKNOWLEDGE READING AND AGREEING WITH ALL OF THE ABOVE INFORMATION:

I have executed this affirmation and release on the _____ day of _____, 20_____

Signature: _____

Name of Parent or Guardian: _____ (please print)