

Community Vacation Bible School

Participant Record

Child's name _____

Date of Birth _____

Name of Participating Adult _____

Relation to Participating Child _____

Additional Participating Sibling(s) & Date(s) of Birth

Name of Parent (if other than above) _____

Mailing Address _____

Telephone _____ Email _____

Emergency Contact (Name & Telephone) _____

Special Needs (i.e. allergies, food allergies, latex..) _____

I assume all ordinary risks when using Community Vacation Bible School's facilities and agree not to hold VBS, it's affiliates, and/or their instructors or employees liable for injury or damage which may occur to me, a caregiver, my child/children, or property as a result of my participation in activities at Community Vacation Bible School. I have read and accept all policies on this disclosure.

Signature _____ Date _____