

2009 VBC Registration July 13-17, 2009 9:00 AM - 12:30 PM

For Children entering Grades K-6 in the Fall of 2009

(Children must be age five by September 1st to enter the Kindergarten class)

****** Shaded areas are required information. ******

Child's
Last Name _____ **First Name** _____ **Goes by** _____

Birthdate (M / D / Y) _____ **Age** _____ **Gender** M F

Entering Grade _____ **in Fall 2009.**

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Home Church** _____

Parent(s) or Guardian(s) _____

Person Picking Up Child _____

Other Children in the Family _____

Guest of _____

Home e-mail address _____

Cell # _____ **for** _____

Alternate Phone # _____ **Business Phone #** _____

Emergency Contact Name & Relationship _____

Emergency Phone # _____

Medical Ins. Name, Group & Policy Number _____

Medical concerns, medications, allergies _____

PERMISSION, WAIVER, AND RELEASE

In consideration for the opportunity to participate in Brush Prairie Baptist Church Vacation Bible Camp, the undersigned parent/guardian of the participant acknowledges that the participant is physically and mentally able to participate, and further acknowledges and accepts the risks of injury associated with participation. The undersigned parent/guardian accepts personal financial responsibility for any injury sustained during participation. Further, the undersigned parent/guardian promises to indemnify, defend, and hold harmless Brush Prairie Baptist Church, its agents, employees, and representatives against any claim or liability arising as a result of such participation, whether such claim arises out of the negligence of Brush Prairie Baptist Church or otherwise. The undersigned parent/guardian warrants that the participant has medical insurance and is under the supervision of church sponsors who are authorized to arrange for such medical and hospital treatment as deemed advisable for the health and well being of the participant. **The undersigned parent/guardian understands that the participant's personal medical insurance is primary.** The undersigned parent/guardian gives permission for photos of the participant to be taken, and to be presented in various church-sponsored media including, but not limited to: photos, videos, slide presentations, newsletters, bulletins, brochures, programs, and Internet web pages.

SIGNED: _____ DATE: _____

Parent / Guardian ONLY

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