

Time Lab, Vacation Bible School
August 6-10, 2018



CHILD #1
Last Name: _____
First Name: _____
Age: _____ Grade: _____

CHILD #2
Last Name: _____
First Name: _____
Age: _____ Grade: _____

PARENTS
Last Name: _____
First Name: _____
Address: _____
Evening Phone: _____
E-Mail: _____

CHILD #3
Last Name: _____
First Name: _____
Age: _____ Grade: _____

Emergency Contact Name: _____
Emergency Contact Phone: _____
How did you hear about VBS? _____

Any Special allergies or conditions to be aware of?

Can we post photos or video of your child(ren) online? Yes / No (circle one)

CONSENT

I, _____, the legal guardian of the above named child(ren) authorize the Whitehorse Church of the Nazarene to care for the administration of first aid treatment for any minor injuries my child receives during the event. If the injury sustained is life-threatening, or in need of emergency treatment, I authorize the leadership of the Whitehorse Church of the Nazarene to summon any or all professional emergency personnel to attend, transport, and treat my child.

I agree to hold harmless any staff, assistants, directors, and volunteer workers of the Whitehorse Church of the Nazarene from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization.

Signature: _____

PRAYER

We are here for your child. We are also here for you. If there is a situation in your family that we can pray for, we welcome your prayer needs and promise to hold your prayer needs confidential. There will be a team of people dedicated to praying during V.B.S. If there is something we can pray about; please include it below.

OFFICE USE

Assigned Group: _____

- #1 Mon. Tue. Wed. Thur. Fri.
- #2 Mon. Tue. Wed. Thur. Fri.
- #3 Mon. Tue. Wed. Thur. Fri.