



CORNERSTONE BAPTIST CHURCH VACATION BIBLE SCHOOL (VBS)
Backyard Kids "Galactic Starveyors" - June 19 to June 23, 2017 - 5:30 to 7 pm

He is the image of the invisible God, the firstborn over all creation. For everything was created by Him, in heaven and on earth, the visible and the invisible, whether thrones or dominions ^[SEP] or rulers or authorities—all things have been created through Him and for Him. Colossians 1:15-16

REGISTRATION FORM

CONTACT INFORMATION - Please print clearly.

Parent/Guardian: _____ Address: _____

Phone: _____ Email: _____ **YES**, I am available to HELP!

****Upon dismissal from VBS my child will:** Walk Home Picked Up By/Phone _____

PARTICIPANT INFORMATION:

1. Child's Name: _____ Gender: M F

Date of Birth: _____ Age _____ Grade Last Completed: _____

2. Child's Name: _____ Gender: M F

Date of Birth: _____ Age _____ Grade Last Completed: _____

3. Child's Name: _____ Gender: M F

Date of Birth: _____ Age _____ Grade Last Completed: _____

4. Child's Name: _____ Gender: M F

Date of Birth: _____ Age _____ Grade Last Completed: _____

5. Child's Name: _____ Gender: M F

Date of Birth: _____ Age _____ Grade Last Completed: _____

Emergency Contact:

1. Name _____ Phone: _____

2. Name _____ Phone: _____

MEDICAL INFORMATION: (Additional sheet may be attached, if needed.)

Allergies (medications, foods, etc): _____

Does your child have any medical or special needs, including medications currently being used?

No Yes - If yes, please explain: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Health Insurance Company: _____

Policy or Group Number: _____ Phone: _____

Preferred Hospital: _____

PLEASE COMPLETE INFORMATION ON BACK.

LIABILITY RELEASE/DAMAGE WAIVER

I, _____, being the parent/legal guardian and having legal custody of _____, a minor, I do hereby give my child permission to participate in all activities, programs and trips during Vacation Bible School conducted by Cornerstone Baptist Church. I agree and hereby release, discharge and exonerate Cornerstone Baptist Church and all persons (leaders, teachers, volunteers, etc.) during said activities from any liability whatsoever resulting from personal injury to said minor or damage to property of said minor which may occur at said activities or connection therewith.

I do hereby certify that I assume full responsibility and liability for any acts committed by said minor during activities, programs and trips related thereto resulting in injury or damage to the property of another.

I do hereby acknowledge that I understand that this release is being relied upon Cornerstone Baptist Church and all persons instructing and or supervising my child during said activities, programs and trips; and without this instrument being executed by me, said minor would not be permitted to participate in activities related thereto.

Parent/Guardian Signature _____ Date _____

PHOTO/VIDEO WAIVER

I realize that my child may be in photographs or video taken while participating in activities, programs and trips during Vacation Bible School conducted by Cornerstone Baptist Church. I waive the right to inspect or approve the photo if used for publications or publicity.

Permission granted to photograph/video and release images. Yes No

Parent/Guardian Signature _____ Date _____

MEDICAL RELEASE

I, the undersigned, hereby give permission for my child to participate in Vacation Bible School activities, programs and trips conducted by Cornerstone Baptist Church. I authorize any adult representative of Cornerstone Baptist Church who is acting in a leadership role to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, in the event that the above named participant should be admitted to any hospital, or be in need of any medical treatment. I take full responsibility for all charges and fees related to treatment. I understand that the care and safety of the participant will be primary in all planned activities, programs, trips and that all attempts will be made to contact parents/guardians prior to treatment if an emergency or accident should happen.

Parent/Guardian signature _____ Date _____

***Please return the registration form to the CornerStore or the main office.**