



VACATION BIBLE ADVENTURE

Registration
Preschool - 5th grade

July 18-22

5:30-8:00 pm at St. Brendan's
Episcopal Church

Name of Camper:

Address:

Phone:

Emergency Phone:

Allergies:

Anyone to whom child should not be released?

Medical Release

Name of child/ren _____

I, the undersigned parent or guardian, grant permission for the above named to attend Vacation Bible School. In the event of an emergency where medical treatment is required, I give permission to the church staff to obtain the services of a licensed physician. I understand that I or the emergency contact person will be notified immediately concerning any such emergency. I hereby release and discharge the adult leaders, event staff from any and all debts, judgments or suits of any kind that may arise by my child's participation in this event. Payment of any medical expenses will be paid by me or by my insurance company.

Signature of Parent/Guardian

Date

Insurance Company _____ Phone _____

Name of Policy Holder _____ Relationship _____

Medical Insurance Policy # _____

PERMISSION TO USE CHILD'S PHOTOGRAPH

(I or We) the _____ (mother or father or guardian)
of the child(ren) named above, give permission to the involved churches to use picture(s) of the
above named on the web site of affiliated churches

Signature of parent/guardian _____

