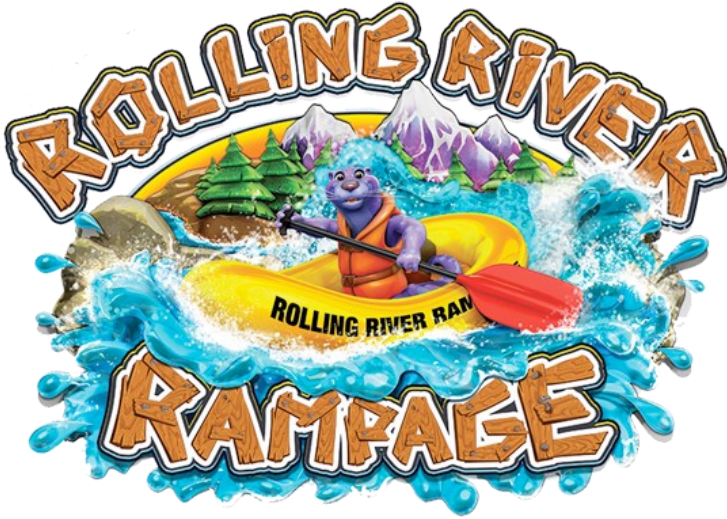


VBS Registration Form

Westminster Presbyterian Church



JUNE 18 – 22
9 AM – 12 NOON
COST: \$25
PRESCHOOL – 6TH GRADE

CHILD(REN) WHO WILL BE ATTENDING

Name _____

Age _____ Birthdate _____ Grade Completed _____

Allergies/Medications _____

Health Concerns _____

Name _____

Age _____ Birthdate _____ Grade Completed _____

Allergies/Medications _____

Health Concerns _____

Name _____

Age _____ Birthdate _____ Grade Completed _____

Allergies/Medications _____

Health Concerns _____

Can your child(ren) be included in photographs and/or videos during the week? Yes No

Name of Parent(s)/Guardian (please print) _____

Address _____
(Street) (City) (Zip)

E-mail _____

Home phone _____ Cell phone _____

I am available to assist leaders in the mornings: Mon. Tue. Wed. Thurs.

I can help on Friday for the celebratory lunch and field trip to Capitol Park: Yes No

Persons authorized to PICK UP my child

Name _____ Phone _____

Name _____ Phone _____

Medical Insurance Company of Participants

Insurance Company _____ Member's Name _____

Policy # _____ Phone # _____

Children's Medical /policy (if different from parent):

Child's name _____ Policy _____

Child's name _____ Policy _____

Child's name _____ Policy _____

Please List 2 Emergency Contacts (other than Parent):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

.....
I give permission for the above named child/children to be involved at Westminster Presbyterian Church for activities in the Vacation Bible School, June 18-22, 2018, including church activities at Capitol Park between L and N Streets in Sacramento on Friday, June 22.

I hereby release Westminster Presbyterian Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader of these activities, to act as an agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Parent/Guardian _____ **Date** _____

MAIL COMPLETED REGISTRATION FORM AND PAYMENT by JUNE 10, 2018

Westminster Presbyterian Church
c/o Diana Wright
1300 N Street
Sacramento, CA 95814
or e-mail to diana@westminsac.org

(Camperships available upon request)