



Registration Form

Child's name _____

Grade completed _____ Age _____ Birth date _____

Address _____

City _____ State/Prov _____ Zip/Code _____

Mother's/guardian's name _____

Phone during VBS time _____

Father's/guardian's name _____

Phone during VBS time _____

Home phone _____

Email address _____

Home church (if any) _____

Doctor's name _____ Phone _____

Allergies/Medical issues/Special instructions _____

Person(s) authorized to pick up child _____

Emergency contact if parent/guardian can't be reached _____

Name _____ Relationship _____

Phone _____

I give my permission to the staff to seek medical attention for my child if necessary while participating in Wacky World of Water functions. I understand that all necessary precautions will be taken for my child's safety. I will not hold the church, its staff or those supervising liable.

I give permission for my child to be photographed or videoed for any lawful purpose associated with this VBS.

Signature of parent or guardian _____

Print name _____ Date _____