

Vacation Bible School 2015



Participant Registration Form

Last Name: _____

	First Name	Nick Name	Age	Grade in Sept.	T-Shirt Size*
1.					
2.					
3.					
4.					
5.					

* Please provide T-Shirt sizes as: Youth XS(2-4), S(6-8), M(10-12), L(14-16), XL(18-20) or Adult S (same as YXL with 1" extra length)

Parent(s) / Guardian: _____

Address: _____

Phone Numbers: Home: _____ Cell: _____

Work: _____ Alt. Cell: _____

Preferred number to call in case of emergency: _____

Email: _____

People who may pick up child(ren): _____

Allergies/Medical/Any Other Information you may want us to know about your child: (attach additional sheet if necessary)

Medical Release: I(we), the parent(s), or guardian(s), of the above listed child(ren) grant permission for our child(ren) to participate in VBS at First Presbyterian Church in Goshen and to receive medical treatment if necessary. If I(we) or the listed child care provider or emergency contact cannot be reached, I (we) give permission to the staff to secure the service of a licensed physician to provide necessary care, including anesthesia, for my child's well-being should it be deemed medically necessary. I(we) also release and agree to old harmless First Presbyterian Church and St. James Episcopal Church both in Goshen, and all its participants from any liabilities and assume all risk or injury, damage or expenses as the result of participation in activities at Vacation Bible School.

Parent/Guardian Signature: _____ Date: _____

VBS can only happen with the help of our volunteers. We know that your time is valuable and that everyone's availability is different. Please consider helping us.

The opportunities to help are endless.

Please take a volunteer registration form and pick an area that works with your schedule and THANK YOU for your willingness to help !