

Emmanuel Bible Fellowship VBS
July 10-14, 2023
Ages 4years -6th grade
Registration Form

Name_____

Grade/age _____ Date of Birth_____

Home Phone_____ Alt. Phone_____

Parents Name_____

Mailing Address_____

Alternate Pick-up person_____

Emergency Contact_____

Allergies/Conditions/Medication_____

Home Church_____

Medical & Liability Release - Valid July 10-14, 2023

In the event of sickness or a medical emergency, I request that my child receive any medical attention or treatment deemed necessary, therefore I give permission to any hospital, doctor, and/or health care provider to transport, treat and/or admit for care my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child. If I am not present at the time of the emergency or cannot be contacted, my child's care has been entrusted to the staff and designated ministry leadership of Emmanuel Bible Fellowship.

Signature of Parent
or Guardian_____ Date_____

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