

Parent Form For CiMVBS 2020

First Name

Last Name

Email

Address 1

Address 2

City

State/Province

ZIP/Postal Code

Country

Contact Phone 1

Contact Phone 2

Home Church Affiliation

Emergency Contact Name

Emergency Contact Relationship

Emergency Contact Phone

Alternate Pickup Name

Alternate Pickup Phone

I Agree To Provide My Own Insurance And Hereby Release The Chapel In Marlboro From Any And All Liability Incurred During Scheduled Activities Of The Chapel In Marlboro.

Child Form For CiMVBS 2020

Child 1

First Name

Last Name

Grade Entering

Gender

Date Of Birth

Shirt Size

Allergies (If There Aren't Any, Indicate 'None')

Medical Concerns

Child 2

First Name

Last Name

Grade Entering

Gender

Date Of Birth

Shirt Size

Allergies (If There Aren't Any, Indicate 'None')

Medical Concerns

Child Form For CiMVBS 2020

Child 3

First Name

Last Name

Grade Entering

Gender

Date Of Birth

Shirt Size

Allergies (If There Aren't Any, Indicate 'None')

Medical Concerns

Child 4

First Name

Last Name

Grade Entering

Gender

Date Of Birth

Shirt Size

Allergies (If There Aren't Any, Indicate 'None')

Medical Concerns