



Medical/Photo Release Form and Information

All VBA participants must have this form completed to participate.

Minor Release Form

I give permission for my child(ren) _____ to participate in VBA 2017, with High Street Community Church June 12th-16th. I also give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor(s) named above. I also agree to hold High Street Community Church, and/or their assignees, harmless in the event of an injury or accident.

I hereby authorize and consent that High Street Community Church has the right to take photo(s) of my child that may be used for promotional materials.

Child's Name(s) _____

Child's Birthdate(s) _____

Parent/Guardian Name (Please PRINT) _____

Parent/Guardian Signature _____

Address _____

Home Phone _____ Work Phone _____

Emergency Contact Name and Phone:

Insurance Company, Policy # and Phone:

Medical Information (*allergies, medications, etc.):

Adult in charge may give my child Tylenol: (circle one) Yes No