



REGISTRATION FORM

(One per child)

Child's Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth: _____ Last school grade completed: _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Alt Phone: _____

Email: _____

Home Church: _____

People who may pick up child: _____

Allergies or other medical conditions:

All medications child is currently taking:

Medical Insurance: _____

Policy Number: _____

Name of Insured: _____

Doctor's Name: _____ Doctor's Phone: _____

In case of emergency, contact: _____

Phone: _____

Relationship to Child: _____

Please continue to next page.

Crew Number (Church Use Only): _____



Liability Release Form

I hereby give permission and approval for as a parent and /or guardian of _____ to attend / participate in activities sponsored by Highlands Community Church, effective July 9-15, 2018. It is my understanding that these activities are approved by church and are appropriately chaperoned by leaders and parents. This consent is in effect until written revocation is made. I hereby released Highlands community church, its staff and volunteers from responsibility and any injury, illness, or loss of life that my child may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader from the church participating in this activity to act as an agent for me and to consent to any x-ray, examination, medical or dental or surgical diagnosis, medical treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, whether at a doctor's office or in any hospital. I expect to be contacted as soon as possible in the case of such injury that requires medical attention.

Please be advised that your child(ren) may be photographed or videotaped during VBS. This media may be used during Sunday worship, or On Highlands Community Church's Facebook, Instagram, or web page.

Parent or Legal Guardian Signature _____

Date _____