



First Baptist Church

1015 Chambersburg Rd, Gettysburg, PA 17325
717-334-2564

9:00 am – 12:00 pm
Monday, July 16th – Friday, July 20th
FREE VBS Program

2018 VBS Registration Form ~ July 16th-20th

Name: _____

Age: _____ Grade: _____ Birthday: _____/_____/_____
Grade just completed Month Day Year Male Female

T-Shirt Size: Youth S Youth M Youth L Adult S Adult M Adult L

Parent's Or Guardian's Names _____

Address: _____

Street or Box #

City

State

Zip

Home #: (____)____-____

Cell #: (____)____-____

Emergency Contacts:

Name (Relationship – if applicable)

Phone #

Name (Relationship – if applicable)

Phone #

Home Church (if any): _____

(Name, Town)

Allergies / Medical Conditions: _____

Who will pick up your child: _____

(PLEASE TURN OVER)

General Permission Slip / Medical Release Form

This permission slip will cover all outings planned.

_____ has my permission to attend Vacation Bible School at the First Baptist Church and to be transported by a member(s) of the staff when necessary (usually with prior notice). We, the parents, assume all responsibility for any accident or mishap that may occur during the outing.

In the event that neither the parent's nor the emergency contact can be reached by phone, I agree to allow decisions regarding emergency medical care for my child to be made and determined by the adult staff. I authorize the adult staff member or designated volunteer to consent on my behalf to emergency medical, surgical or dental examination or treatment in the event that such care is required for my child. I understand that I will be responsible for payment of all emergency medical expenses incurred by or on behalf of my child.

I further hereby authorize physicians and emergency medical personnel to provide medical attention and treatment, which they, in their medical judgement, deem reasonably necessary for the emergency care of my child, named above in the event of illness or injury. I agree not to hold First Baptist Church or individual acting on behalf First Baptist Church liable for any negligence, or actions or omissions, relating to emergency medical care, and absolve them from all such liability.

(Print Parent/Guardian Name)

(Parent/ Guardian Signature)

(Date)

(PLEASE TURN OVER)

