



Rosedale Reformed Bible Church

8620 Rosedale Street, Gig Harbor, WA 98335
 (253) 851-8382 ~ www.rosedalereformedbiblechurch.com

Vacation Bible School Registration Form

July 9th - July 13th, 2018 ♦ 9:00 AM – Noon

Pre-K – 6th ~ Ages 4 – 12 (Must be potty trained to attend)

Parent(s)/Guardian Name _____

Street Address _____ Zip _____

E-mail (Optional) _____

Phone (Home) _____ Phone (Please circle: CELL WORK) _____

Emergency Contact Person _____

Relationship to Child _____ Phone _____

Name(s) of Child/Children	Age	Entering Grade	Special Concerns (Please circle)
			None / See Reverse
			None / See Reverse
			None / See Reverse
			None / See Reverse
			None / See Reverse

Your child will have pictures and/or videos taken of them while participating in our 2018 vacation bible school. These pictures and videos may appear in our website, on display, or printed materials. Initial here if you do not want your child's picture to be used. _____

VBS Release Form

I, the undersigned, release Rosedale Reformed Bible Church (8620 Rosedale Street, Gig Harbor, WA 98335), the vacation bible school leaders, teachers, and/or their assistants from all liability for any injuries (mental or physical) or losses incurred to my child/children while taking part in the 2018 Vacation Bible School. In the event of a medical emergency I authorize the VBS staff to act for me according to their best judgment. I also grant permission for my child to be given treatment at a local hospital if it is deemed necessary. There are no limits to my child's participation except as stated in writing & included with this registration form. I, the undersigned, assume total responsibility for the accuracy of the information contained in this form.

Parent/Guardian Signature _____ Date _____

Child's Name _____

Allergy (*Please list*) _____

Special Concerns: _____

Current Medications _____

Health Insurance Company _____ Policy/Group Number _____

Child's Name _____

Allergy (*Please list*) _____

Special Concerns: _____

Current Medications _____

Health Insurance Company _____ Policy/Group Number _____

Child's Name _____

Allergy (*Please list*) _____

Special Concerns: _____

Current Medications _____

Health Insurance Company _____ Policy/Group Number _____

Child's Name _____

Allergy (*Please list*) _____

Special Concerns: _____

Current Medications _____

Health Insurance Company _____ Policy/Group Number _____

Child's Name _____

Allergy (*Please list*) _____

Special Concerns: _____

Current Medications _____

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