

# The Race is On!

Vacation Bible School  
August 2 - August 6, 2010  
9 AM-12:15 PM



## Registration Form

T-shirt size: S(4-6) \_\_\_ M(8-10) \_\_\_ L(12-14) \_\_\_

Child's Name \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_ Grade Completed \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent's Names \_\_\_\_\_

Parent's Daytime Phones \_\_\_\_\_ / \_\_\_\_\_

Home Church \_\_\_\_\_ Invited by \_\_\_\_\_

### Emergency Contact Information *(In case we can not reach a parent)*

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Medical Information

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Special Needs/Other \_\_\_\_\_

*As parent/guardian, I would like my child to attend this Vacation Bible School (VBS). I hereby give my permission to the staff of the aforementioned VBS to act for my child according to their best judgment in any emergency situation requiring medical attention.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_