

VBS Registration

1. Child's Name: _____
Age: _____ Birthdate: _____ Grade next fall: _____
Allergies/Other Concerns: _____

2. Child's Name: _____
Age: _____ Birthdate: _____ Grade next fall: _____
Allergies/Other Concerns: _____

3. Child's Name: _____
Age: _____ Birthdate: _____ Grade next fall: _____
Allergies/Other Concerns: _____

PARENT/GUARDIAN NAME: _____
Address: _____ **City/Zip:** _____
Home Ph #: () _____ **Other Ph #:** () _____
Emergency Contact and Phone: _____
Signature of Parent /Legal Guardian: _____
Today's Date: _____

I hereby release and hold harmless First Baptist Church, it's staff and sponsors, from responsibility and liability for any illness or injury that my child may sustain during this activity, provided they have exercised reasonable caution and supervision toward the safety of my child. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon or dentist. I understand that this adult leader will notify me personally as soon as possible if there is any accident requiring the services of a physician, surgeon, or dentist.

Please complete and mail to: First Baptist Church
1021 Hennepin Avenue
Minneapolis, MN 55403