

**First Baptist Church of Ashburn
2019 Registration Form
VBS**

Name: _____ I preferred to be called: _____

Birthday: ____/____/_____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Current School: _____ Current Grade Completed _____

Allergies: __ Yes __ No If checked please specify: _____

Any other medical issues: _____

PARENT CONTACT:

Mother's Name/Female Guardian: _____ Cell Phone: (____) _____ - _____

Email: _____

Father's Name/Male Guardian: _____ Cell Phone: (____) _____ - _____

Email: _____

EMERGENCY CONTACT:

Please list an individual and phone number other than any that appear above.

Name: _____ Phone: (____) _____ - _____

Relationship To Child/Teen: _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the church, church official, event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal church or event activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge First Baptist Church of Ashburn or event Sponsors from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in activities. Permission includes transportation provided by the church.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Parent/Guardian Signature: _____ Date: _____