## Highland Community Church Weston Campus VBS 2021 Registration Form

VBS week: June 7<sup>th</sup> – 10<sup>th</sup> from 9:00am to 11:45am

If ordering a t-shirt, return completed form by May 23rd

Name of event: Weston Campus Vacation Bible School



rame of events and examples	, , weweren 21210 2 011001		
Parent/Guardian Name:			
Other adults living in the home:	Relatio	onship to child:	
Street Address, City, Zip:			
E-mail Address:	Home (	Church:	
Phone Number: Cell:	Н	ome:	
Child(ren)Information			
Child 1 Name:			☐ Male ☐ Female
Date of birth:	Age on June 7, 2021:	Grade in Fall 2021:	
Allergies/Special Needs:			
Child 2 Name:			☐ Male ☐ Female
Date of birth:	_ Age on June 7, 2021:	Grade in Fall 2021: _	
Allergies/Special Needs:			
Child 3 Name:			☐ Male ☐ Female
Date of birth:	_ Age on June 7, 2021:	Grade in Fall 2021: _	
Allergies/Special Needs:			
<b>Dismissal Information</b> Name(s) of person(s) who may	pick up my child(ren) from VE	3S	
<b>Emergency Contacts</b>			
Name:	Relation:	Phone:	
Name:	Relation:	Phone:	

Size:X-Small (4-5)Small (6-8) _	Medium (10-12)Large (14-16)Adult Small
CD (Optional) Cost: \$5 Full payment must	accompany registration form
Indicate # of Rocky Railway VBS CDs being	requested:
Parental Permission/Release	
Child 1	
Child 2	
Child 3  NAME OF CHILD(REN)	NAME OF EVENT
This consent form gives permission to seek whatever its staff of any liability against personal losses of na	er medical attention is deemed necessary and releases the Church anamed child.
	the Children's Ministry at Highland Community Church. I/We any ministry or athletic event, and I/We hereby release the Church, i
understand that there are inherent risks involved in pastors, employees, agents, and volunteer workers of following: sickness, exposure to infectious/community property damage, and financial damage that may on he/she is injured and requires the attention of a doct necessary by a licensed physician. In the event treat by the Church, I/We agree to hold such person free the giving of such consent. I/We also acknowledge should the cost of that medical care not be reimburs insurance information provided above is accurate at the student named above. I/We also agree to bring the deemed necessary by the children ministries staff must be a dispute over this agreement or any claim for dat the matter through a mutually acceptable alternative	any ministry or athletic event, and I/We hereby release the Church, if from any and all liability for any injury including, but not limited to, nicable disease, bodily injury, death, emotional injury, personal injury cour during the course of my/our child's involvement. In the event the tor, I/We consent to any reasonable medical treatment as deemed timent is required from a physician and/or hospital personnel designal and harmless of any claims, demands, or suits for damages arising for that I/We will be ultimately responsible for the cost of any medical dised by the health insurance provider. Further, I/We affirm that the health this date and will, to the best of my/our knowledge, still be in force my/our child home at my/our own expense should they become ill or member.  Images arises, the participant (or parent/guardian) agrees to resolve the dispute resolution process. If the participant (or parent/guardian) process, the dispute will be submitted to a three-member arbitration
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