REGISTRATION FORM

Child's name:		
□Male □Female	Age:	Last School Grade Completed:

Child's name:		
□Male □Female	Age:	Last School Grade Completed:

Child's name:		
□Male □Female	Age:	Last School Grade Completed:

Child's name:		
□Male □Female	Age:	Last School Grade Completed:

Child's name:		
□Male □Female	Age:	Last School Grade Completed:

Person(s) other than parent authorized to pick up children:	

Permission to upload a photograph or video of your children for social media:	□YES □NO

_____ _____

Parent/Legal Guardian Signature Date

MEDICAL RELEASE FORM

Name of event **Vacation Bible School** (VBS) I (we) the undersigned parent(s) or guardian(s) of a minor(s), do hereby authorize adult volunteers of **Calvary Road Baptist Church** as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Calvary Road Baptist Church any of its ministries or leaders in the event of an accident in route, during and returning from the above-mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Address:	
City:	State:
Parent/Guardian:	Phone #'s:

If parent/legal guardian is not available in an emergency, contact:	
Name:	
Phone:	
Health Insurance Company:	
Policy or Group Number:	Phone:

Child's Name:	
Date of last tetanus shot:	Birth Date:
Medical, special needs, current medications	
Allergies (medications, food, etc.)	

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_____ _____

Parent/Legal Guardian Signature Date