



VBS



Student Information, Contact, And Permission Authorization

Student's Name: _____

Preferred Name, if different: _____

Current Age: _____ Grade: _____

Date of Birth: _____

Allergies, Medical Conditions, or Special Considerations: _____

Church: _____

Who invited you to VBS? _____

Students Shirt Size (If Registered before June 1st): _____

Primary Contact: _____

Relationship: _____

Phone: _____

Email: _____

Parent/Guardian: _____

Phone: _____

Parent/Guardian: _____

Phone: _____

Questions, comments, suggestions, or concerns?

Contact Erin Turner Children's Ministry Director

children@ghbcva.org

Individuals authorized to pick up child from VBS (may be requested to provide identification): _____

Permission and Acknowledgement of Receipt by Parent/Guardian:

Signature _____ Date _____



Medical / Media Release

This release will be in effect for the 2022 VBS.

As a parent and/or guardian, I authorize initial medical treatment (i.e. basic wound care) by Grace Harvest Baptist Church teachers/leaders in the event it becomes necessary of the below listed children under my care and/or guardianship.

I further authorize attention by a qualified and licensed medical professional of the following participant(s) in the event of a medical emergency, which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the below named participant(s) and to release Grace Harvest Baptist Church from this liability.

I also grant permission, and hereby hold harmless, Grace Harvest Baptist Church and teachers/leaders to publicly display photos and/or videos of VBS Program activities that may include images of participants listed below on, but not limited to, the Grace Harvest Baptist Church website, Facebook page, or any Grace Harvest Baptist Church location or publication.

Participant names are withheld from publication.

Signature of Parent / Guardian

Date