

2016 VBS Registration Form

Date: June 14 - June 17, 2016

Time: 9:30 AM - 12:00 PM

Location: Saint Paul's Church,
605 Reynolds St., Augusta, GA

Participants: Rising K - 5th Grade Students

Donation: \$10.00 per child

Registration Deadline: Friday, June 3, 2016

Return forms to: Saint Paul's Church



Child's name: _____ HomeChurch: _____

Entering Grade: _____ Date of Birth: _____ (on or before 8/10/2016) Gender: _____

Parent/Guardian: _____ cell#: _____

Parent/Guardian: _____ cell#: _____

Street Address: _____ City: _____ State: _____

Zip: _____ Home phone: _____ Work phone: _____

Email Address: _____

My child may be released to (other than parent/guardian)

Name: _____ Phone #: _____ Relation to Child: _____

Name: _____ Phone #: _____ Relation to Child: _____

Medical Conditions/Allergies: Yes/ No (circle one) If yes, please explain: _____

Please list any dietary or activity restrictions: _____

Is child on medication: Yes/No (circle one) If yes, specify medication & dosage: _____

Physician name and phone: _____



Riding the Waves of God's Love

Medical Treatment Release:

I recognize that there may be occasions where my child may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I hereby give permission for agents of Saint Paul's Church to seek and secure any needed medical attention or treatment for the child name above, or me if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I also agree to notify agents of Saint Paul's Church if there are any changes in the above information that I have submitted.

Parent/Guardian Signature: _____ Date: _____

Publicity Release:

On occasion, Saint Paul's Church takes photographs or makes audio or video recordings of children and/or adults involved in church activities. Such photographs or recordings may be used by staff and participants to remember the activities and participants, and may be used in the church's publications or advertising materials to let others know about its ministry. Any public use of such recordings must be approved by the church. The church may also invite local news organizations to photograph or record our events for news reporting or special interest features. I consent to the use of any such photograph or audio or video recording of the child named above or me, if I am participating, to be used, distributed, or displayed as agents of the church deem appropriate.

Parent/Guardian Signature: _____ Date: _____

Release of Liability:

By signing below, I expressly warrant that my child is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release Saint Paul's Church and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Saint Paul's Church or its ministers, leaders, employees, volunteers, or agents.

Parent/Guardian Signature: _____ Date: _____