



Lakewood Congregational Church
& St. Peter's Episcopal Church
Vacation Bible School
Ages 4 - 11
June 11 - June 15, 2018
9:30 a.m. - Noon

Registration & Medical Form

(2-sided form)

T-Shirt Child's Size: S ___ M ___ L ___ XL ___

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Email Address: _____

Home telephone: (____) _____ Cell phone: (____) _____

Age Information:

Date of birth _____ Age _____ (as of June 2018)

Last school grade completed (June 2018) _____

Home Church _____

 In case of emergency, contact: _____ #: _____

Name: _____ #: _____

Allergies or other medical conditions: _____

Dismissal Information

Names of persons who may pick up this child from VBS: _____

VBS cost for the week: \$25 (\$50 cap for families with 3 or more children)

Make check payable to: LCC Memo: VBS 2018

*****PLEASE COMPLETE BOTH SIDES AND RETURN BY JUNE 4, 2018*****
(Separate forms are needed for each enrolled child)

MEDICAL RELEASE, PHOTO RELEASE and PICKUP FORM

Rolling River Rampage – Experience the Ride of a Lifetime!

Vacation Bible School 2018

I (we), the undersigned parent(s) or guardian(s) of

Name: _____

a minor, do hereby authorize adult volunteers of Lakewood Congregational Church/St. Peter's Episcopal Church Vacation Bible School as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by an accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Lakewood Congregational Church, St. Peter's Episcopal Church, any of its ministers or leaders in the event of an accident en route, during and returning from the above-mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence. The following persons have permission to pick-up my child:

Alternate Pickup: _____

Alternate Pickup 2: _____

Date signed: _____

Parent/Legal Guardian (print): _____

Parent/Legal Guardian (sign): _____

Address: _____ City: _____

Emergency Phone: Home: (____) _____ Work: (____) _____

Health Insurance Company: _____

Policy or Group Number: _____ Phone: (____) _____

If Parent/Legal Guardian is not available in an emergency, please contact:

Name: _____ Phone: (____) _____

Please list any allergies. Include medications, foods, seasonal, etc.: _____

Does your child have any medical or special needs, including medications currently being used or dietary needs?

If need be, feel free to attach more information.

No _____ Yes _____ Name of Child: _____

If yes, please explain: _____

Doctor's Name: _____ Phone: (____) _____

Dentist's Name: _____ Phone: (____) _____

Date of Last Tetanus Shot: _____

Birth Date: _____

2018 VBS PHOTOGRAPHY PERMISSION

I give Lakewood Congregational Church/St. Peter's Episcopal Church permission to photograph my child. Photos could be used within the church building and on the church website. Yes _____ No _____

*****PLEASE COMPLETE BOTH SIDES AND RETURN BY JUNE 4, 2018*****