

VBS REGISTRATION FORM

Avoid large crowds, pre-register at 206-935-4477
or complete and fax this form to 206-932-1407.

Or, mail to West Side Presbyterian Church
3601 California Avenue SW, Seattle, WA 98116

(Registrations will also be taken at the door.)

Please complete one form per family.

Child #1 Name: _____

Male:____ Female:____ Age:____ (must be 5 years old by 8/31/11)

Grade in Fall _____ Birth Date: _____

Allergies/medical restrictions? _____

Plans to ride the WSPC Van to **VBS** _____ ; on the **return trip home** _____

Child #2 Name: _____

Male:____ Female:____ Age:____ (must be 5 years old by 8/31/11)

Grade in Fall _____ Birth Date: _____

Allergies/medical restrictions? _____

Plans to ride the WSPC Van to **VBS** _____ ; on the **return trip home** _____

Child #3 Name: _____

Male:____ Female:____ Age:____ (must be 5 years old by 8/31/11)

Grade in Fall _____ Birth Date: _____

Allergies/medical restrictions? _____

Plans to ride the WSPC Van to **VBS** _____ ; on the **return trip home** _____

PARENT INFORMATION

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Emergency Contact and Phone # _____

Home Church: _____

Medical Release & Permission Slip

Child(ren)'s names and ages: _____

The undersigned represents to West Side Presbyterian Church (herein referred to as WSPC), a non-profit religious corporation, that he or she is the natural parent or the legal guardian of the above named child(ren); and, the undersigned does hereby consent to such child(ren) taking part in the WSPC Vacation Bible School with the full understanding insofar as such activity will involve missions and sporting activity and mingling with other individuals and groups, that there is always risk of injury, illness, loss, and possible consequent expense for medical, diagnostic, and curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of such child(ren) assume the risk of such and expense, and does hereby wholly release WSPC from any responsibility of liability and waives any claims or causes that might arise on account of loss injury, or expense occasioned by any sort of accident or other circumstance involving such child(ren), and agrees to hold harmless WSPC in the event any such claim should arise, and

Waiver of Liability

The undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by WSPC and its agents, and does hereby authorize WSPC or its staff members or other agents, after unsuccessfully exhausting all means of making emergency contact with parent or guardian, to arrange for and consent to x-ray examinations, anesthetic, dental, medical, or surgical diagnosis, and treatment and hold harmless WSPC from any such occurrence. The undersigned will furnish payment or insurance for any such payment, at his or her own expense.

Authorization: I give permission for my son(s)/daughter(s) to attend the above WSPC function on June 27 - July 1, 2011 from 9:00am - noon (elementary) / 5:00pm - 8:00pm (middle school).

I have read the Waiver of Liability and agree to its provisions.

Parent/Guardian Signature: _____ **Date:** _____

Relationship to Child(ren): _____