



DRAGON SLAYERS



Dragon Slayers VBS Child Registration Form

Child's Name: _____

Gender: M F Age: _____ Grade Completed: _____

Allergies or medical conditions: _____

Health Insurance Number (if applicable): _____

Parent or Guardian's Name: _____

Address: _____ Email: _____

Phone Number (Home): _____ Phone Number (Cell): _____

Emergency Contact Name _____ Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this Bible School and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent to the Bible School team, or other associated volunteers of the Bible School program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/ daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, All Saints Parish, New Riegel American Legion and the Clara Welly family from all manners of actions, claims which I or the child named above shall or may have for any reason arising during my child's attendance of the Bible School.

I also consent to allowing my child's image to be recorded, either by photograph or video, and used in promotion of this Dragon Slayers Bible School whether locally or nationally. Unless other written instruction is submitted.

Parent/ Guardian Signature: _____ Date: _____