

Central Florida Bible Fellowship

**Vacation Bible School
Registration Form**

Children ages 4 to 17 may participate!!

Complete form, **front and back** and mail to 210 Hunt St., Clermont, FL, 34711 or email
wadecentralfloroidabiblefellows@gmail.com

NO EXTENDED CHILDCARE AVAILABLE!!!!

Child's Name (Last) _____ (First) _____ (Age) _____
T-Shirt Size (*Circle One*) **CHILD** XS SM MED LRG **ADULT** SM MED LRG XL XXL

Food Allergies YES / NO – If yes, list: _____

Medical Concerns YES / NO – If yes, explain: _____

Child's Name (Last) _____ (First) _____ (Age) _____
T-Shirt Size (*Circle One*) **CHILD** XS SM MED LRG **ADULT** SM MED LRG XL XXL

Food Allergies () YES () NO – If yes, list: _____

Medical Concerns () YES () NO – If yes, explain: _____

Address _____

Parent's Name(S) (Last) _____ (First) _____

Email Address _____ Phone #(s) _____

Emergency Contact Person _____ Relationship _____

Phone # _____ (Alternate) _____

Family Doctor: _____ Phone # _____

Dismissal & Emergency Contact Information (To serve your child in case of Accident or Sudden Illness)

Name(S) _____ Phone # _____

Church Affiliation: _____ Church Membership At: _____

Permission granted to photograph/Video and release images? (*Please circle one*) YES NO

Church use only/Other Information

Central Florida Bible Fellowship VBS

Release and Medical Information

wadecentralfloridabiblefellows@gmail.com

I, _____, being the parent/legal guardian and having legal custody of _____, a minor, do hereby consent to said child participating in activities (Tennis, Basketball, Ping Pong, etc.) and related trips of Central Florida Bible Fellowship VBS, Clermont. I do hereby release, discharge and exonerate Central Florida Bible Fellowship, and all persons acting as teachers or sponsors on said activities and trips from any liability whatsoever resulting from personal injury to said minor or damage to property of said minor which may occur at said activities or trips or connection therewith.

I do hereby acknowledge that I understand that this release is being relied upon by Central Florida Bible Fellowship, Clermont and teachers or sponsors accompanying the children on said trips and activities; and without this instrument being executed by me, said minor would not be permitted to attend field trips nor engage in activities related thereto.

I, do hereby authorize the officials of Central Florida Bible Fellowship to contact directly the person named in this authorization, and do authorize

_____ or _____
(Physician) (Hospital)

to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named in the authorization or parents cannot be contacted, the church officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold Central Florida Bible Fellowship financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian Signature: _____ Date: _____