



# Immanuel Bible Church VBS

August 17-21, 2020

9:30am - 11:45am

K-5<sup>th</sup> Grades

Ph: 360-733-0672

Limited space, Register Early

There will be No snacks this year

Child(ren)'s Name(s):

Allergies:

Age/Grade in fall

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

Head of Home: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School attending in fall: \_\_\_\_\_

Do you attend Church? \_\_\_\_\_ If so, where? \_\_\_\_\_

May we take pictures of your child for a slide show? Yes No

## Emergency Contact Information

Medical Release Form. (For your protection if child will need medical attention while attend VBS)

Doctor's Name: \_\_\_\_\_ Doctor's Ph: \_\_\_\_\_

Notify in case of emergency: \_\_\_\_\_ Ph: \_\_\_\_\_

*In case of emergency, I understand that after every effort is made to contact me and if I can't be reached, I hereby give permission to IBC to secure the needed medical treatment. I agree to pay any cost that may be incurred*

I acknowledge that participation in VBS involves risk and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury property damage and financial damage. In consideration for my child(ren) participate in VBS, I acknowledge and accept ell risk of injury associated with VBS. \_\_\_\_\_initial

Family Ins \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of Parent/Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_