

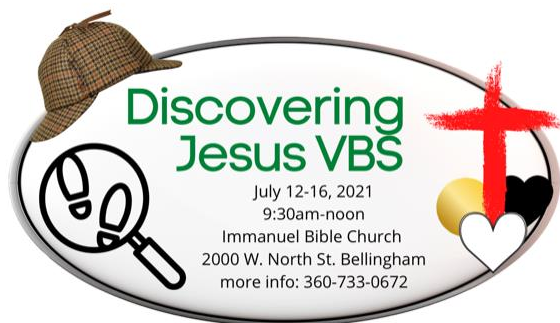
Immanuel Bible Church Vacation Bible School

9:30am - 12:00am

5 - 12 years old

Ph: 360-733-0672

July 12-16, 2021



Child(ren)'s Name(s): Allergies: Age/Grade in fall

1. _____
2. _____
3. _____
4. _____

Head of Home:

Address: _____ City _____ Zip _____

Phone: _____ Email: _____

Do you attend Church? _____ If so, where? _____

May we take pictures of your child? Yes No

Emergency Contact Information

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

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) participating in IBC's Children's Program, I acknowledge and accept all risk of injury associated with the Children's Program. _____ initial

Family Ins _____ Policy # _____

Name of Parent/ Guardian: Print

Signature of Parent/Guardian:

Date: _____