



# Immanuel Bible Church VBS

July 10- 14, 2023

9:30am - 12:00pm

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

Ph: 360-733-0672

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? Y N website? Y N

## Emergency Contact Information

Medical Release Form. (For your protection if child will need medical attention while attending 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) participating in VBS, I acknowledge and accept the risk of injury associated with VBS. \_\_\_\_\_ initial

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

Signature of Parent/Guardian:

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