

Yacolt Community Church

2017

Vacation

Bible

School

August 14-18

9 am - noon



REGISTRATION

Parents/Guardians Names _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Cell phone _____ Email _____

Emergency contact/phone _____

I hereby give permission for my child/children listed on back to participate in the 2017 VBS. I understand in signing this permission form, I release and hold harmless the Yacolt Community Church and its employees and volunteers from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals to administer emergency medical assistance and transportation if I cannot be reached.

Parent's Signature _____ date _____

REGISTER CHILD/CHILDREN ON BACK

yacoltcc.org

REGISTER ME FOR OPERATION SPACE!

Please list each child separately

Child's name _____

Circle gender: Male or Female Age: _____ Grade entering _____

Food allergies Y _____ N _____ List _____

Medical concerns Y _____ N _____ Explain _____

Child's name _____

Circle gender: Male or Female Age: _____ Grade entering _____

Food allergies Y _____ N _____ List _____

Medical concerns Y _____ N _____ Explain _____

Child's name _____

Circle gender: Male or Female Age: _____ Grade entering _____

Food allergies Y _____ N _____ List _____

Medical concerns Y _____ N _____ Explain _____

Child's name _____

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Food allergies Y _____ N _____ List _____

Medical concerns Y _____ N _____ Explain _____
