

2009 UEFC Vacation Bible School Registration Form



CHILD'S NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

AGE _____ 2009/2010 SCHOOL GRADE _____

EMERGENCY CONTACT NAME _____

PHONE _____

PARENT _____ GUARDIAN _____

HOME CHURCH _____

ALLERGIES OR OTHER MEDICAL
CONDITIONS _____

SIBLINGS _____
(At VBS)

Medical & Liability Release – Valid (*July 27 – July 31, 2009*)
In the event of sickness or some medical emergency, I request that my child receive any medical attention or treatment deemed necessary, therefore I give permission to any hospital, doctor, and/or health care provider to transport, treat and/or admit care for my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child. In the event that I am not present at the time of the emergency or cannot be contacted, my care has been entrusted to the staff and designated Ministry leadership of the (*United Evangelical Free Church*).

Signature of Parent/Guardian _____ Date _____

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