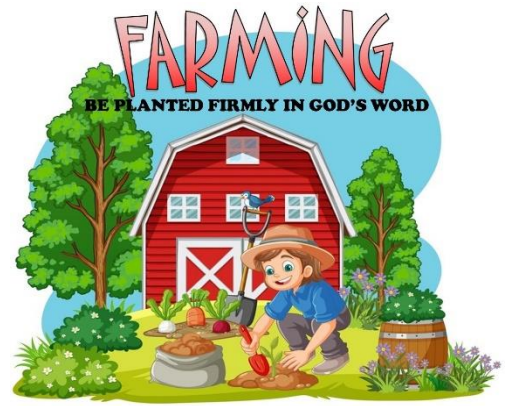


THE FIRST CHURCH OF EVANS 2024 VACATION BIBLE SCHOOL

BE PLANTED FIRMLY IN GOD'S WORD

Monday, July 1st – Wednesday, July 3rd

9:00am - Noon



Parent Names & Numbers _____

Address _____

Child's Name _____ Grade Completed _____

Allergies/reactions _____

Child's Name _____ Grade Completed _____

Allergies/reactions _____

PLEASE FLIP OVER TO INCLUDE MORE CHILDREN

Name and Number of person(s) who will be picking up your child: *ONLY these individual may pick up your child(ren). Must have ID out for staff to see and sign the form in the hall. No exceptions. Thank You.*

I give my total consent for the personnel of The First Church of Evans VBS to authorize emergency care for my child. It is understood that they will attempt to secure my consent prior to exercising this authority as circumstances will allow.

I do hereby indemnify and hold harmless The First Church of Evans its personnel and agents for any damages, medical costs, or liability incurred through the use of this authority and consent. In doing so I do not hold the personnel responsible for any events following emergency medical care.

I give my permission for the person(s) named above to pick up my child from The First Church of Evans VBS.

Photo Release: I, _____, the parent or legal guardian of the child(ren) listed on this registration form, give my permission to The First Church of Evans, to take and use photographs for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use. I understand that I may revoke this permission at any time by contacting the First Church of Evans at 716-947-5419.



Parent/Guardian Signature

Date

Child's Name _____ Grade Completed _____

Allergies/reactions _____

Child's Name _____ Grade Completed _____

Allergies/reactions _____

Child's Name _____ Grade Completed _____

Allergies/reactions _____

Child's Name _____ Grade Completed _____

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Allergies/reactions _____