



Pre-register your child to save a spot in our program by contacting us via our website contact for VBS. www.wrrrc.org **Registration and Consent Form** - Please fill out one form per child attending VBS. For your convenience print and fill it out, bringing it along with you to VBS. Additional forms will be available at the church during VBS week.

Information received is confidential and only used to serve your child when under the care of this church or its members. Medical information gathered in this registration will be used to obtain medical assistance in times of emergency.

Child's Name: _____ Age: _____ Birth Date: _____

Parents'/Guardian Name _____

Address: _____

Please fill in applicable information - Star the method of choice for communication:

Home Phone #: _____ Parents' Work # _____

Cell#: _____ Parent's Email _____

****In the event that your child(ren) misbehaves you may receive a call to pick them up from the church. *Please sign* to indicate that you have read and agree to the above condition.**

Parent's signature: _____

In case of emergency and the above #s are unable to locate you, contact ... (Name and phone #)

Optional - Sitter's information if your child spends the day with a sitter.... (Name, address, phone #)

Yes my child requires a ride. I will sign the driver's release form.

Yes. If my child is being picked up from a sitter's house I allow the sitter to release them to a driver designated by the WRRRC for this purpose. The sitter will sign the driver's release form.

Health Card # _____

Family Doctor _____ Dr.'s Phone # _____

Allergies or medical concerns: Explain _____

Is your child bringing any medication along? If yes, please list. _____

Do you allow us to take photos of your child while participating in our programs? **Yes**

No

Church affiliation: _____

How did you find out about our VBS program? **Flyer** **Friend** **Church sign** **Website**

Please read and sign the waiver agreement on the reverse of this page.

Participation Waiver Agreement

I hereby waive and release the WEST RIVER ROAD REFORMED CHURCH and all those who have given of themselves to provide Community outreach programs like Vacation Bible School and Good News Club for my family, including all organizers, teachers, assistants, drivers, and support workers, from any liability, including any claim, action or cause of action of any nature, for injury or damage that I, or my family, or persons in my care may suffer, including but not limited to any injury or damage resulting from the action or inaction of anyone associated with the WEST RIVER ROAD REFORMED CHURCH, whether arising from negligence, even gross negligence or any other reason or cause whatsoever, and I expressly assume the risk of any damage or injury while attending any function of the WEST RIVER ROAD REFORMED CHURCH.

I further undertake and agree to indemnify and hold harmless the WEST RIVER ROAD REFORMED CHURCH and all those associated with it, from all third party claims, costs, actions or causes of action which may arise at any time as a consequence of any acts or omissions of myself or family members.

I acknowledge that I have read, understood and agree with the above waiver and that the information given on the front of this form is true. I freely and voluntarily affix my signature hereto in witness of the same.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Witness (a member of the West River Road Reformed Church): _____

Ask us about our Good News Club!

Would you like to join our Good News Club? Yes No

We meet every other Friday from 7-9 p.m.

Starting near the end of September to May.

Rides may be available - please inquire.