

VBS + VBX
June 15-18 6PM until 8PM
STUDENTS' REGISTRATION FORM
for those Completed K-7th Grade



Child's Name (one form per person)

Gender: F M Age: ____ Date of Birth: ____ Last school grade completed: ____

Allergies and/or other medical conditions we should know: _____

In case of emergency, contact: _____

Parent/Guardian's Name: _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

Home email address: _____

Do you attend church regularly? Yes___No___ If yes, where? _____

Other information we need to know about your child: _____

Name of a friend in same grade your child might like to be with:



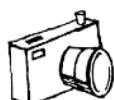
Will your child require VAN service to and from VBS? Yes___No___

If yes, please read and sign below: I hereby give my consent that any necessary treatment may be given to my child by medical personnel in case of an accident or illness while at VBS, in town, or in route to or from First Baptist Church Russellville. I understand that payments for medical care will be my responsibility. I also do hereby release FBC Russellville or any of its agents from any claim of liability arising their normal duties as sponsors on the trip. I agree to the Liability Disclaimer.

Signature of Parent or Guardian

Date

I understand that as a Participant, my child may be PHOTOGRAPHED OR VIDEOTAPED during all VBS activities, and these photos/videos may be used for promotional purposes. Sign below to show you agree to the Photography/Video Authorization.



Signature of Parent or Guardian

Date

VACATION BIBLE SCHOOL
June 15-18 6 PM until 8 PM
VOLUNTEER REGISTRATION FORM



Your Name: _____

What area of VBS will YOU be serving? _____

DOB: _____ If youth, what grade did you just complete? _____

Allergies and/or other medical conditions we should know: _____

In case of emergency, contact: _____

Parent/Guardian's Name (if youth): _____

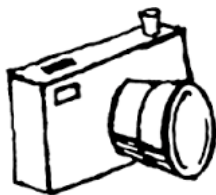
Your Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

Home email address: _____

I understand that as a Volunteer, I may be PHOTOGRAPHED OR VIDEOTAPED during all VBS activities, and these photos/videos may be used for promotional purposes. Sign below to show you agree to the Photography/Video Authorization.



Signature of Volunteer

Date

VACATION BIBLE SCHOOL

June 15-18 6PM until 8PM

REGISTRATION FORM

Preschool Children of Volunteers



Child's Name (one form per person) _____

Gender: Female ____ Male ____ Date of Birth: _____

Allergies and/or other medical conditions we should know: _____

Where will **YOU** be serving during VBS? _____

Emergency Contact Number: _____

Parent/Guardian's Name: _____

Child's Address: _____

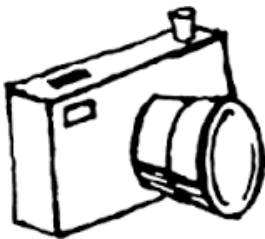
City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

Home email address: _____

Other information we need to know about your child: _____

I understand that as a Participant, my child may be PHOTOGRAPHED OR VIDEOTAPED during all VBS activities, and these photos/videos may be used for promotional purposes. Sign below to show you agree to the Photography/Video Authorization.



Signature of Parent or Guardian

Date