



Grandin Court Baptist Church- VBS 2009

July 6<sup>th</sup>- 10<sup>th</sup>

Family Registration Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade completed: \_\_\_\_\_ Age: \_\_\_\_\_

Medical conditions (medications, allergies, etc): \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade completed: \_\_\_\_\_ Age: \_\_\_\_\_

Medical conditions (medications, allergies, etc): \_\_\_\_\_

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Grade completed: \_\_\_\_\_ Age: \_\_\_\_\_

Medical conditions (medications, allergies, etc): \_\_\_\_\_

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Parent/ Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Emergency Contacts

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Carpool Arrangements

Permission to pick up my child/children: \_\_\_\_\_

Does not have permission to pick up my child/children: \_\_\_\_\_

More on back  
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**Medical Release**

I, the parent or guardian, grant permission for the above named to attend Vacation Bible School at Grandin Court Baptist Church. In the event of an emergency where medical treatment is required, I give permission to the event staff to secure proper treatment for the health and comfort of my child. I understand that I or the emergency contact person will be notified immediately concerning any such emergency. I hereby release and discharge the adult leaders, event staff and Grandin Court Baptist Church from any and all debts, judgments or suits of any kind that may arise by my child's participation in this event. Payment of any medical expenses will be paid by me or by my insurance company.

I have read and understand the above:

Signature of Parent or Guardian\_\_\_\_\_

Date\_\_\_\_\_

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**PERMISSION TO USE CHILD'S PHOTOGRAPH**

I give permission to Grandin Court Baptist Church to photograph my child/children at Vacation Bible School. I give permission to copyright, use, and publish the photographs for any lawful purpose, including newspaper articles, church publications, and the church website. We will not publish your child's name in connection with a photo.

I have read and understand the above:

Signature of Parent or Guardian\_\_\_\_\_

Date\_\_\_\_\_

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I am giving permission for the VBS teachers at Grandin Court Baptist Church to assist my child if he/she has bathroom accidents.

Signature of Parent or Guardian\_\_\_\_\_

Date\_\_\_\_\_

**Or**

I do not give permission for the VBS teachers at Grandin Court Baptist Church to assist my child if he/she has bathroom accidents. Instead, they should contact me to come and assist my child.

Signature of Parent or Guardian\_\_\_\_\_

Date\_\_\_\_\_

Please complete both sides and return:

Grandin Court Baptist Church-VBS

2660 Brambleton Ave

Roanoke, VA 24015