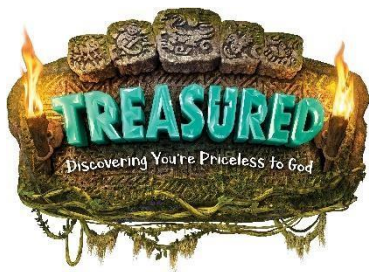


# The Chapel VBS Registration



Date: June 7-11, 2021 Time: 9:00 – Noon, Monday-Friday

Ages: 4-year-old & potty trained by June 7<sup>th</sup> – Current 5<sup>th</sup> grade.

Cost: \$15 by April 30. \$20 by May 31, \$25 in June

**Today's Date:**

## Participant's Information:

Name:

Birthdate:

Address:

City/Zip:

T-shirt Size (specify youth or adult):

**NOTE: Register for current grade level, NOT for the grade child will attend in the fall.**

Current Grade: Preschool, Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>

Are you requesting a one-on-one aid for your child (we will accommodate based on availability of volunteers) \_\_\_Yes \_\_\_ No

Friend Request (Please write only 1 request):

## Contact Information:

Parent/Guardian Name:

Parent/ Guardian Email:

Cell Phone:

Home Phone:

## Emergency Contact Information:

Emergency Contact Name:

Phone:

Please fill out the back to complete registration

Name of Church: The Chapel, Inc.

I hereby give my permission for my child to participate in The Chapel VBS, on June 7-11, 2021. I hereby release The Chapel, Inc., its staff, sponsors and officers from liability for any illness, injury, misadventure, or harm of any kind suffered as a result of participation in VBS.

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize adult chaperones with VBS trip to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Allergies or medical history in which we should be made aware of:

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Medications:

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\*\* By registering for VBS you give The Chapel permission to take photos and use for promotional purposes. Exceptions for foster children only.

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Parent/Guardian Signature and Date