

2021 VBS

Where: Philadelphia Church

When: June 29 – July 1, 2021
9:15AM to Noon

Who: Ages 3 to 11

Cost: \$15 Material Fee per Child

Registration Deadline: Thursday, June 24, 2021



**If you have any questions,
please call Pastor Sue at 206.782.0588
or e-mail sue@pcseattle.org**

2021 Philadelphia Church VBS

REGISTRATION FORM

June 29- July 1, 2021

Cost: \$15 Material Fee per Child

Registration Form Deadline: Thursday, June 24, 2021

Child's Name _____ Sex: M F

Date of Birth _____ Age _____ Grade Completing _____

Parents/Guardians Name _____

Address _____

City _____ State _____ Zip _____

Mom Cell: _____ Dad Cell: _____

List any of your child's allergies or physical conditions: _____

Other comments or instructions _____

I _____, am the legal guardian of _____,
Name Child's Name

(hereinafter my child), and I am informed of the activities offered by Philadelphia Church and its officers. As a parent or guardian I hereby consent for my child to participate in all the activities provided by this program.

It is the intention of the Parent /Guardian of the minor named in this agreement, to exempt and relieve Philadelphia Church and its officers and employees from liability for any personal injury and property damage of

Child's Name

Parent Signature

Date

CONSENT FOR EMERGENCY TREATMENT

I, _____, hereby give my permission
(Parent or legal guardian)

that my child _____, may be given emergency
Child's Name

treatment by a qualified staff member at Philadelphia Church.

I also give my permission for my child to be transported by ambulance or aid car to and emergency center for treatment.

In the event that I cannot be reached, I further consent to medical, surgical and hospital care treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent of such treatment.

All expenses incurred will be borne by the child's family or legal guardians.

Child's Physician _____

Parents/Guardians Names: _____

Address: _____ Phone #: _____

Child's Date of Birth: _____

Preferred Hospital: _____

Medical Insurance Company: _____

List any medications your child uses regularly: _____

List any of your child's allergies: _____

Emergency contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Signature of Parent/Guardian: _____ Date _____