2022 VBS

Where: Philadelphia Church
When: June 28 – June 30, 2022
9:15 a.m. to Noon
Who: Ages 3 to 11
Cost: $15 Material Fee per Child

Registration Deadline: Thursday, June 23, 2022

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

2022 Philadelphia Church VBS

REGISTRATION FORM
June 28- June 30, 2022
Cost: $15 Material Fee per Child
Registration Form Deadline: Thursday, June 23, 2022

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_____