

Joint 1st & 2nd Presbyterian Church – 2017 Vacation Bible School
65 N. Third Street, Newark, OH 43055
Registration

Email completed form to firstnewark@gmail.com or turn into the church office.

School grade just completed: _____

Who invited you? _____

CHILD'S INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City, State, Zip _____

PARENT/GUARDIAN'S INFORMATION

Name(s) *(please print)* _____ Relationship: _____

Address: _____ City, State, Zip _____

Email: _____ Home Phone: _____ Cell: _____

BROTHERS & SISTERS (names and ages): _____

EMERGENCY CONTACT'S INFORMATION

Name *(other than parent)*: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Do you attend church? _____ If so, where? _____

PHOTO/VIDEO RELEASE

Events may be photographed. These photographs may be used in church publications (newsletter, website, Facebook).

Individual names will not be listed.

I give permission for my child to be photographed. _____ Yes _____ No

I give permission for my child's photograph(s) to be used in the closing program slide show. _____ Yes _____ No

I give permission for my child's photograph(s) to be used in church publications. _____ Yes _____ No

MEDICAL INFORMATION

Please list all medical conditions, behavioral conditions, prescription medications and allergies (food, animal or drug) that we should be aware of: _____

EMERGENCY MEDICAL AUTHORIZATION

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

In case of an emergency, we will call 911. In case of illness or injury, and in the event reasonable attempts are unsuccessful to contact me, I give consent for the administration of any treatment deemed necessary and/or the transfer of my child to Licking Memorial Hospital. The authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

I hereby authorize my child's participation in the programs and activities of First Presbyterian Church of Newark held in conjunction with Second Presbyterian Church of Newark. I hereby release the Church and all of its officers, employees, members, staff and agents from any and all claims arising from my child's participation in such programs or activities.

Signature of Parent/Guardian

Date