

**REGISTRATION FORM (one form per child)
(PLEASE PRINT)**

Child's Name _____
Birth Date _____ Grade/Preschool Year Completed _____
Address _____
City _____
Phone (____) _____ Church Home _____
Parents' Names _____ Parent email _____

For security reasons
please attach your
child's photo.



(Used only to keep you updated on VBS information!)

Please circle child's T-shirt size: Youth --- S(6-8) M(10-12) L(14-16) Adult--- S

While we cannot guarantee that special class placement will be honored, we will make every effort to accommodate requests noted below. NO class changes will be made after June 1, 2018. Note any special requests here:

HEALTH RELEASE (required)

In case of emergency, notify: Parent / Guardian (circle one)

Name _____ Phone _____

Name _____ Phone _____

If parent cannot be reached, notify:

Name _____ Phone _____

Please identify any specific health problems or facts concerning the child's medical history about which we or a treating physician should be aware, such as allergies, allergies to medication such as penicillin, unusual reactions to insect bites, medications being taken, physical impairments, etc. **PLEASE PRINT.**

PARENT'S AUTHORIZATION

If reasonable attempts to contact me have been unsuccessful in an emergency, I hereby give permission to The Rocky River Presbyterian Church and Vacation Bible School to secure necessary emergency treatment including transport to a local hospital, and for any licensed physician or dentist to administer any treatment considered necessary. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date _____ Signature _____
Parent / Guardian (circle one)

PARTICIPANT WAIVER OF LIABILITY (required)

For and in consideration of permitting the person indicated above to enroll in and participate in Vacation Bible School at The Rocky River Presbyterian Church, I hereby voluntarily release, discharge, and relinquish any and all actions, causes of action, and claims for personal injury or property damage of or to the participant arising out of, or in any way related to, their participation in such program. I represent that I understand that this release is intended to, and does discharge in advance The Rocky River Presbyterian Church, Vacation Bible School, any and all of its officers, agents, volunteers, servants, and employees from any and all liability, actions and causes of action, even though that liability may arise out of the negligence or carelessness of the Church or its officers, agents, volunteers, servants, and employees. ***I also give permission for my child to be photographed and understand that any photos may be displayed only on the church premises or published in church literature.*** Only the person(s) listed below may pick up my child.

Date _____ Signature _____
Parent / Guardian (circle one)

THE FOLLOWING PERSON(S) ARE AUTHORIZED TO PICK MY CHILD UP:

- 1. NAME: _____
PHONE: _____
- 2. NAME: _____
PHONE: _____

PLEASE RETURN COMPLETED
REGISTRATION FORM WITH CASH OR
CHECK PAYABLE TO "RRPC" TO LISA
WATTS AT THE ROCKY RIVER
PRESBYTERIAN CHURCH.
____ amt pd ____ date
____ check number

VOLUNTEERING OPPORTUNITIES - You are the key to our VBS success!

PLEASE NOTE: Although we do not register children until they are 4, we do have a special class available for 3 year olds-open only to children of folks who volunteer at least 3 days of the week- free of charge and your 3 year-old can attend all 5 days. We also have daily nursery care available free of charge. Please note that a volunteer day runs 9:00-11:30 am.

I could help during VBS

___ All week ___ Part week (circle days available) M T W Th F

Volunteer preferences:

___ Crafts ___ Snacks ___ Class Shepherd (all week) ___ Music ___ Nursery
___ Decorations (before VBS) ___ wherever I am most needed

___ I am willing to make a donation for snacks (you will be contacted with specific items needed)