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

	(I LEASE I KINI)		
Child's Name	<u></u>	For security	_
reasons			Chi
Birth Date	Grade/Preschool Year Completed	please attach	Pho
your			
Address		child's photo.	
City			
Phone ()	Church Home		
Parents' Names	Parent email		
	(Used <u>only</u> to k	eep you updated on VBS information!)	,
Please circle child's T	Γ-shirt size: Youth S(6-8) M(10-12) L(14-16)	Adult S	
In case of emergency.	HEALTH RELEASE (required) , notify: Parent / Guardian (circle one))	
	Phone		
	Phone		
If parent <u>cannot</u> be re Name	acned, notity: Phone		
should be aware, sucl	pecific health problems or facts concerning the child's medical hi has allergies, allergies to medication such as penicillin, unusual rments, etc. PLEASE PRINT.		
and Vacation Bible Schoto to administer any treatm	PARENT'S AUTHORIZATION of contact me have been unsuccessful in an emergency, I hereby give per ool to secure necessary emergency treatment including transport to a local ment considered necessary. This authorization does not cover major sur oncurring in the necessity for such surgery, are obtained prior to the perf Signature	mission to The Rocky River Presbyterian Cl hospital, and for any licensed physician or d gery unless the medical opinions of two lice	entist
		ian (circle one)	
Presbyterian Church, I h property damage of or to that this release is inten officers, agents, volunte out of the negligence or	PARTICIPANT WAIVER OF LIABILIT on of permitting the person indicated above to enroll in and participate the participant arising out of, or in any way related to, their participant ded to, and does discharge in advance The Rocky River Presbyterian Ceres, servants, and employees from any and all liability, actions and cause carelessness of the Church or its officers, agents, volunteers, servants, and understand that any photos may be displayed only on the church premay pick up my child.	e in Vacation Bible School at The Rocky causes of action, and claims for personal injuon in such program. I represent that I under Church, Vacation Bible School, any and all ses of action, even though that liability may demployees. I also give permission for my	estand of its arise child
Date	Signature		
	Parent / Guardian (ci	rcle one)	

THE FOLLOWING PERSON(S) ARE AUTHORIZED TO PICK MY CHILD UP: PLEASE RETURN COMPLETED 1. NAME:_ REGISTRATION FORM WITH CASH OR PHONE: CHECK PAYABLE TO "RRPC" TO LISA WATTS AT THE ROCKY RIVER 2. NAME: PRESBYTERIAN CHURCH. PHONE:___ 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: Snacks** _Class Shepherd (all week) Crafts 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)