



# WISHKAH VALLEY Community Church

ENCOUNTERING GOD..... EMBRACING PEOPLE.....ENGAGING IN SERVICE.....IN THE WAY OF JESUS!

## Vacation Bible School REGISTRATION FORM

### Participant Information

Name: \_\_\_\_\_ I prefer to be called: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Would you like to receive our e-newsletter?  Yes  No

The best time to contact me is: \_\_\_\_\_  A.M.  P.M. On my  Home phone  Work phone  Cell phone

### Alternate Emergency Contact

Relationship to Participant:  Self  Spouse  Parent  Other

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### Insurance Information

Name of Insured \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Insurance Company \_\_\_\_\_ Grp # \_\_\_\_\_ ID# \_\_\_\_\_

**Medical Information**

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Hospital/Clinic Preference

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Physician's Name

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Phone Number

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Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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Parent's/Guardian's Signature

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Date

I give permission for my child to participate in Vacation Bible School. I release WVCC and individuals from liability in case of accident during activities related to VBS, as long as normal safety procedures have been taken.

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Parent's/Guardian's Signature

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Date

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Witness Signature

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Date