

The Church of the Ascension
1st ANNUAL VACATION BIBLE SCHOOL
July 19 – 23, 2010

REGISTRATION FORM, EMERGENCY MEDICAL AUTHORIZATION,
WAIVER OF DAMAGES & RELEASE FOR PHOTOS/VIDEOS

(Please complete one form per child; make copies as needed.)

CHILD'S NAME: _____

BIRTHDATE (Month/Day/Year): _____ **SEX: M F**

GRADE CHILD WILL ENTER THIS FALL: _____ **SCHOOL:** _____

ADDRESS: _____ **HOME PARISH:** _____

CITY: _____ **ZIP:** _____

FAMILY E-MAIL ADDRESS: _____

PARENT/GUARDIAN NAME (1st contact):

NAME: _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

PARENT/GUARDIAN NAME (2nd contact):

NAME: _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN:

NAME: _____

RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

Please list any known allergies:

Early Bird Registration by May 30 = \$7 per child. After May 30 until June 13 = \$10 per child
For safety reasons, all children must be pre-registered; therefore, registrations will not be accepted after June 13, 2010 and walk-ins during our session cannot be accommodated. Thank you for your understanding. For additional information, contact Amanda Mahle 740-967-6745.

Please return this form & payment of fees to:
Attn: VBS Church of the Ascension 555 S. Main St. Johnstown, OH 43031
Checks should be made payable to Church of the Ascension

(Part I OR Part II must be completed)

PART I – REFUSAL TO CONSENT

DO NOT COMPLETE IF YOU WISH TREATMENT TO BE PROVIDED

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish The Church of the Ascension Vacation Bible School staff to take no action or to _____

Parent Signature _____ Date _____

PART II – TO GRANT CONSENT

In the event reasonable attempts to contact me or my child’s other parent/designated guardian as designated on this form are unsuccessful, I give my consent for the administration of any treatment deemed necessary. Following are facts concerning my child’s medical history including allergies, medication being taken, and any physical impairment to which a physician should be alerted:

Concerns: _____

Parent Signature _____ Date _____

RELEASE FOR PHOTOS / VIDEOS

I hereby grant permission for The Church of the Ascension, its agents and employees to reproduce photographs or video taken of my child during VBS in the church newsletter, bulletin, or website or other church-related materials. No names will be used to identify any child in any photograph. I understand the employees and agent of the church will decide which photographs to include, when they will be included, and when they will be removed. I realize that The Church of the Ascension cannot control the further distribution or use of the photographs once they are posted and I will not hold The Church of the Ascension liable for the alteration or further use of any photographs beyond their original intent. I understand that I may request, in writing, that any or all photographs of my child be removed from the website and The Church of the Ascension will promptly remove that photograph, but that The Church of the Ascension cannot control the alteration or further use of any photographs posted on the website before I request their removal. I also understand that any photographs of my child will not appear without my express written approval indicated by my signature on this document. I hereby waive and release reasonable rights and claims for damages I may have against The Church of the Ascension for reasonable injuries or illness that may be suffered in connection with my child’s involvement with Vacation Bible School.

Parent Signature _____ Date _____

**REGISTRATION FORM MUST BE
COMPLETED IN ENTIRETY.**