



FIRST NAME:

LAST NAME:

ADDRESS:

PHONE:

EMAIL:

WHO IS ALLOWED TO PICK UP:

LAST GRADE COMPLETED:

EMERGENCY CONTACT:

FOOD OR OTHER ALLERGIES AND ANY MEDICAL CONDITIONS:

I ACKNOWLEDGE THAT ALL INFORMATION PROVIDED HERE IS ACCURATE

SILK HOPE BAPTIST CHURCH HAS PERMISSION TO PHOTOGRAPH/ VIDEO MY CHILD DURING ACTIVITIES PERFORMED WHILE ATTENDING VBS.

THE APPLICANT NAMED ON THIS REGISTRATION FORM HAS MY PERMISSION TO PARTICIPATE IN THE SILK HOPE BAPTIST CHURCH VACATION BIBLE SCHOOL. I HEREBY RELEASE AND HOLD HARMLESS SILK HOPE BAPTIST CHURCH AND VOLUNTEERS FROM ALL LIABILITY FOR ALL TYPES OF DAMAGES OR INJURIES, WHETHER FORESEEABLE OR NOT, SUSTAINED BY MYSELF, MY WATCHING/TRAVELING TO OR FROM THIS ACTIVITY, AND DO AUTHORIZE SILK HOPE BAPTIST CHURCH TO SEEK MEDICAL HELP IN AN EMERGENCY.