

Maxdale Cowboy Church

2023 Vacation Bible School Registration and Liability Release Form

Registration Form:

Child's Name	Sex: M or F	Date of Birth	Age	<u>Grade</u> <u>Completed</u> <u>Spring 2023</u>

Parent's Name(s): _____

Home Address: _____ City, St _____ Zip: _____

Home Phone #: Bus. /Cell Phone #: _____

E-mail address: _____

Note: VBS Parent's Night will be held on Thursday, August 10, 2023 beginning at 6:00pm.

Office Use Only

Registration

Received: _____ **by:** _____

Notes: _____

Maxdale Cowboy Church

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Liability Release

<i>Authorized Person's Name to Pick Up</i>	<i>Phone Number</i>	<i>Relationship to Student</i>

In case of Emergency, if unable to reach parent, contact:

Emergency Contact Name: _____ Phone: _____

Relationship to Student: _____

Are your student's immunizations current? Yes No Date of Last Tetanus: ____ / ____ / ____

Does your child take prescription or non-prescription medication on a regular basis? Yes No

If yes, please state medication and reason: _____

Health or behavior concerns that we should be aware of: _____

Allergies: _____

Liability Release

This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases, Maxdale Cowboy Church and persons of any liability against personal losses of you/your child.

Please read the following statement and sign below.

I/We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of the student named above, a minor, and have given our consent for him/her to attend Vacation Bible School (hereafter the "Event") being organized by Maxdale Cowboy Church. I/We understand that there are inherent risks involved in any event, and I/we hereby release Maxdale Cowboy Church, its employees, its agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement with the Event. In the event that he/she is injured while attending the Event and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required which a physician and / or hospital personal refuses to administer without my/our consent, I/we hereby authorize the Program leaders, or another adult leader designated by him/her, to give consent for me/us, and I/we agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above at the time of the Event.

I / We give permission for

1. my child to participate in all Vacation Bible School activities at Maxdale Cowboy Church, this includes travel to/from activities held at off-site locations.
2. Pictures of my child taken during this Event to be used for advertising Vacation Bible School, at the church, and on the church web-site or social media. My child's name will not be included in any posting of the pictures.

Parent/Guardian Signature _____ Date: _____