

Hillcrest Bible Church VBS (Vacation Bible School) Registration

Ages 5-10

June 26-30, 2017

6:00-8:00 p.m.

Child's name _____ (one form per child please)

Age by June 26th _____

Parent(s) _____

Email address _____

Cell # _____

Siblings Attending VBS

1. _____ 2. _____

Emergency Contact Person _____ Relationship to Student _____

Cell/phone no. _____

Food Allergies No Yes - If "yes", please list: _____

Medical Concerns No Yes - If "yes", please explain: _____

Persons with permission to pick up my child:

Name _____ Phone no. _____

Name _____ Phone no. _____

Guardian Signature: _____ Date: _____

Deadline for Registration - June 11, 2017 - <http://www.hillcrestbible.org/>

(no charge)

Please mail completed form to: VBS, 14237 SW 116th Terrace, Tigard, 97224

HILLCREST BIBLE CHURCH VBS MEDICAL RELEASE FORM

This completed form is required for participation in VBS at Hillcrest Bible Church, 4747 SW Cameron Rd., Portland, OR (503-887-0512), June 26th-30th, 2017

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment, I (print name below), hereby grant permission for any and all medical and/or dental attention to be administered to listed participant(s) until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance and the administration of anesthesia and/or surgery under the recommendation of qualified medical personnel. Please print this form and sign/date your consent below.

Print name: _____

Signature: _____

Date: _____

Participants:

PHYSICIAN/ INSURANCE INFORMATION

Physician name, address, phone : _____

Insurance name, phone: _____

Policy holder name: _____

Policy holder relationship to participant(s): _____

Policy ID# _____

Policy Group # _____