

# St. James Presbyterian Church VBS

Student Registration form

Dates: June 19-23, 2017

Time: 9:00am-12:00 noon

Location: 19414 Ventura Blvd. Tarzana CA 91356

Registration fee \$25 Includes Tee shirt, snacks, crafts and much more!  
Please complete one registration form per child.

Child's Name (please print)

First \_\_\_\_\_

Last \_\_\_\_\_

Nickname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M F School Grade in the fall  
2017 \_\_\_\_\_

Special needs or requests:

Please list any Allergies, Health Restrictions, Medical Conditions and Medications:

Parent/ Guardian Name(s) (please print)

First \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Phone: \_\_\_\_\_

Work \_\_\_\_\_

Phone/Other: \_\_\_\_\_

Emergency Contact (please print)

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Number to call in an emergency \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Parental/Guardian Signed Release:** In the event of an emergency requiring medical treatment, I hereby give my permission to the licensed physician and/or hospital selected by St James Presbyterian Church to hospitalize and secure proper treatment for, and to order injections, anesthesia, and surgery for my child. I hereby release St James Presbyterian Church, its staff and volunteers of the liability or injury damage and assume all risk of my child participating in VBS. I agree to insure my child against all injury and damages. In addition, I agree to allow my child(ren) to engage in all activities understanding that it will include spiritual training. I understand that St James Presbyterian retain the right for photos taken during the activities for publicity purposes.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_