

**Hull Baptist Church  
VBS Registration Form**

Child's Full Name: \_\_\_\_\_ Grade Last Attended: \_\_\_\_\_

Name Child Goes By: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Registering Parent's Name: \_\_\_\_\_

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

Additional Parent's Name: \_\_\_\_\_

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

Emergency Contact #1(other than parents): \_\_\_\_\_

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

Emergency Contact #2(other than parents): \_\_\_\_\_

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

**CHURCH MEMBERSHIP**

Do you attend Hull Baptist Church?  YES  NO

If not, where do you attend church regularly? \_\_\_\_\_  Do Not Attend

**AUTHORIZATION OF PICK-UP**

I hereby authorize the following people to pick-up my child from Hull Baptist Church Vacation Bible School:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Signature: \_\_\_\_\_

I realize that I must call Hull Baptist Church to notify them if someone not listed above is picking up my child. In addition, anyone not listed above will be required to present a picture I.D. upon arriving to pick up my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**HEALTH INFORMATION & CHILD'S HEALTH HISTORY**

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies that your child has now or has had in the past (Especially food allergies): \_\_\_\_\_

Is the child listed above taking any prescription medications that must be dispensed on a timely basis?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list the medications here: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver & Release Statements**

Child's Name: \_\_\_\_\_

Being fully aware of the risk of bodily injury, the undersigned does further agree that the child listed above assumes the risk of danger involved in any daily activities associated with childcare. Being desirous of arranging for the medical care and treatment of my minor child during his/her participation in the above mentioned VBS, I do hereby authorize **the staff and counselors of Hull Baptist Church** to act in the following matters in behalf, place, and stead:

- a. To obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other medical facility; by any medical doctor, osteopath, nurse, surgeon, or any other medical practitioner;
- b. To do any other thing or perform any other act, not limited to the foregoing, which the undersigned might do in person, in order to provide for the medical care and welfare of the minor child.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and to hold **the staff and counselors of Hull Baptist Church** harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized. It is understood, however, that if hospitalization or treatment of a more serious nature is required I will be contacted, if at all possible, by telephone for permission. The physician, **staff and counselors of Hull Baptist Church** are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, damage to person or property during the event of the program, and in that regard, I hereby covenant that on my behalf and for the minor not to file a claim or bring a suit with respect to any such injury or damage. This Medical Authorization shall remain effective until such time as the childcare is no longer provided. I, the undersigned, am a Parent or Legal Guardian of the above specified minor. I have read and fully understand the provisions of the above releases and have explained them to said minor. I hereby agree that said minor and I will be bound thereby. In addition, I hereby authorize **the staff and counselors of Hull Baptist Church** to transport the above named child to various activities and other locations as necessary.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_