

# Vacation Bible School Children's Registration Form

VBS at Second Presbyterian Church of Charleston  
June 24 - 27<sup>th</sup>, 2024  
9:00-12:30PM (Monday through Thursday)

For children currently in 3K-5<sup>th</sup> Grades.

**Must have turned 3 on or before August 31<sup>st</sup>, 2023.**

Family Name: \_\_\_\_\_  
Parent's Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Child's Name	Date of Birth	Gender	Grade Completed (in June 2022)	Comments

## In case of emergency, please contact:

Name: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

## Photo Release Waiver:

*I give permission for my child to be photographed and/or videotaped for the VBS program at Second Presbyterian Church. I understand that these photos/videos will be used in the future for publicity and may be posted on the church's website. I understand that names or personal information will never be released. Please initial here \_\_\_\_\_.*

**Please complete the Parent/Guardian of a Minor Consent and Hold Harmless Form.**

## Second Presbyterian Church—VBS 2024

### PARENT/GUARDIAN OF A MINOR CONSENT AND HOLD HARMLESS FORM

Name of Activity: **Vacation Bible School** Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### MEDICAL/EMERGENCY INFORMATION:

Child's Physician: \_\_\_\_\_  
Physician's Phone: \_\_\_\_\_

Does your child have any type of medical, physical or mental condition that the leaders should be aware of to provide adequate care? If so, please explain.

Condition: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Allergies: \_\_\_\_\_

### PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION:

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

**Alternate Emergency Contact Person in the event that the parents listed above cannot be reached:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_

**PLEASE READ CAREFULLY!**

I, \_\_\_\_\_ (printed name of parent/guardian) being the parent or legal guardian of \_\_\_\_\_ (printed name of the minor, the "participant") have been informed of the above activity sponsored by Second Presbyterian Church and hereby give my consent for the minor child to participate in this activity.

**RELEASE AND WAIVER**

I understand that the activity may involve participation in physical activity, sports and/or vehicular transportation, and that the possibility of harm does exist. I, personally, and on behalf of the Participant, further agree and do hereby release and forever discharge and hold harmless Second Presbyterian Church, its officers, directors, employees, volunteer staff, agents and its affiliated churches and organizations (collectively "Second Presbyterian") from any and all liability, claims and demands of whatever kind or nature, either in law or in which may arise or may hereafter arise from the Participant's participation in the activity.

I understand and agree that this Release discharges Second Presbyterian from any liability or claim that I or Participant may have against Second Presbyterian with respect to bodily injury, bodily injury, illness, death, or property damage that may result from the Participant's participation in the activity with Second Presbyterian, whether caused by negligence of Second Presbyterian, or its officers, directors, employees, volunteer staff, agents or its affiliated churches or organizations or otherwise.

**MEDICAL TREATMENT**

I do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all reasonable efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the adult supervisor to make the decisions necessary for treatment. Should there be no adult advisor available, I give permission to the attending physician to treat my minor child as she deems medically necessary. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as a parent or legal guardian, I am responsible for the health care expenses incurred on behalf of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of Second Presbyterian Church will be used as the secondary coverage, if available, and that such coverage may not be available nor is it relied upon.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_