



VBS Registration Form 2017

June 5-9th 9am-12pm



*\$20.00 fee for 1st child / \$15.00 for each additional child in same family
Includes 1 T-shirt per child and 1 Music CD per family*

Section I: Student(s) Information

First Name: _____ Last Name: _____

Nickname: _____ Date of Birth: _____

Age: _____ Last school grade completed: _____ Boy / Girl: _____

Health Problems/Allergies: _____ Special Needs/Restrictions: _____

T-shirt size (circle one): YXS(2-4) YS(6-8) YM(10-12) YL(14-16) Adult S Adult M Adult L

Additional children (same family)

First Name: _____ Last Name: _____

Nickname: _____ Date of Birth: _____

Age: _____ Last school grade completed: _____ Boy / Girl: _____

Health Problems/Allergies: _____ Special Needs/Restrictions: _____

T-shirt size (circle one): YXS(2-4) YS(6-8) YM(10-12) YL(14-16) Adult S Adult M Adult L

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Address: _____ City: _____ State: _____ Zip: _____

Phone (_____) _____ Home Email: _____

Church Affiliation: _____

Mother's Name: _____ Cell (_____) _____ Work (_____) _____

Father's Name: _____ Cell (_____) _____ Work (_____) _____

Other: _____ Cell (_____) _____ Relationship?: _____

In case of emergency, 1st contact should be made to (from above): _____

Section II:

Medical Information and Media Release

AUTHORIZATION FOR TREATMENT OF A MINOR:

In the event of illness or accident, I authorize First Presbyterian Church, Georgetown, Texas, to consent to any diagnosis, examination, treatment, or hospital care for my child(ren) which is deemed advisable by, and is rendered under the supervision of a physician. I release First Presbyterian Church, Georgetown, Texas, and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Signature of Parent/Guardian

Date

AUTHORIZATION TO USE MEDIA:

By signing below, I give explicit permission to First Presbyterian Church, Georgetown, to photograph (by video photography or still photography and with or without soundtrack) the image, voice and first name of my child for use in media products (church-wide including website). I understand that any images will include first name only on the media. I accept these terms.

Signature of Parent/Guardian

Date

Section III:

Tuition Information

(For office use only)

of children registered: _____

CD received (1 per family)

Total Amt. Due: \$ _____

Method: Cash Check # _____