



June 7, 8, & 9
8am - 12pm

2018 VBS Registration Form

(one per person)

Name: _____ Age: _____

Date of birth: _____ Last Grade Completed: _____

Parent/Guardian Name: _____ Cell#: _____

Street Address: _____

Mailing Address (if different): _____

City: _____ Zip: _____

Home Email Address: _____

Emergency Contact: _____ Phone Number: _____

Allergies: _____

Church Home: _____

Name of person picking child up each day: _____ Relationship: _____

PHOTO RELEASE

I authorize the posting of photographs and/or likeness of my child/children and video, film and photo on the Church Without Walls Website/Newsletter/Facebook page. My child's name will not be published anywhere.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

RELEASE OF LIABILITY

I hereby agree to be responsible for the conduct and actions of my child/children and to release Church Without Walls (CWOW) from any claims and demands that may occur during participation in the Vacation Bible School held on the CWOW campus June 7,8,9, & 10.

Furthermore, I agreed to release CWOW and it's employees/volunteers and will hold them harmless from liability which may arise from incidents or accidents involving my child/children and myself while on CWOW premises, to the extent allowed by law.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____