**2017 VBS Registration Form**

**July 10-14, 2017**

**9am to 12pm**

**$50 per child†**

|  |  |
| --- | --- |
| **Church of the Good Shepherd**680 Racebrook RoadOrange, CT 06477203-795-6577 |  |
| Child's Name |  |
| Age |  |
| Grade completed |  |
| Parent/guardian |  |
| Address |  |
| Home phone / cell |  |
| E-mail |  |
| Emergency contact name/number |  |
| Photo release\* | VBS Only / VBS and online |
| Parent/Guardian Signature |  |

\*Circle one choice based on the following definitions:

**VBS ONLY:** I give Church of the Good Shepherd and its representatives at Vacation Bible School 2017 to photograph my child during the course of the program. Church of the Good Shepherd will use these photos in the course of conducting the VBS program only (eg, during the opening/closing slide show; to send a photo home at the end of the VBS week). The photos will not be used online. (Please note that your child will be excluded from participating in some group photographs.) My signature on this form affirms my choice.

**VBS AND ONLINE:** I give Church of the Good Shepherd and its representatives at Vacation Bible School 2017 to photograph my child during the course of the program. Church of the Good Shepherd will use these photos in the course of conducting the VBS program (eg, during the opening/closing slide show; to send a photo home at the end of the VBS week) *and* may post them on Facebook and/or their website. Church of the Good Shepherd will not individually name or "tag" any child in any photo on any online site. My signature on this form affirms my choice.

†**Please Note** that scholarships are available and no child will be turned away because of the fee. Donations toward the scholarship fund are gratefully accepted and are tax deductible. Please make check payable to *Church of the Good Shepherd* and note VBS or VBS SCHOLARSHIP FUND in the memo.

**Minor Medical Information, Consent, and Release of Liability**

Church policy REQUIRES a completed form for EACH participating child under the age of 18 years.

Child’s Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male | Female

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Insured Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital of Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Known

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical / Mental / Developmental Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Dietary Needs/Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Consent and Release:** I, the Parent or Guardian, give permission for my child to attend off-site events, sponsored by Church of the Good Shepherd on and between the dates mentioned. I also understand that every effort will be made to contact me if my child needs medical treatment. If it is impossible to do so, I give my permission to medical personnel selected by the adult leadership to secure proper treatment; to transport, to hospitalize, order injections, anesthetize, x-ray or do surgery for my child. I do hereby release and forever discharge Church of the Good Shepherd from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Participant’s involvement during Vacation Bible School or with the decision by any representative of Church of the Good Shepherd to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

**Liability Release:** I, the Parent or Guardian, will hold harmless Church of the Good Shepherd and its assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the above named participant’s involvement in any Church of the Good Shepherd activity. This discharges Church of the Good Shepherd from liability or claim with respect to any bodily injury, personal injury, illness, death or property damage that may result from the Participant’s activity with Church of the Good Shepherd whether caused by the negligence of Church of the Good Shepherd or its leaders, teachers, staff or committee members of otherwise. Church of the Good Shepherd does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical or disability insurance, in the event of injury or illness.

**Other:** The Parent or Guardian expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Connecticut and that this Release shall be governed by and interpreted in accordance with the laws of the State of Connecticut. The Parent or Guardian agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of the Release which shall continue to be enforceable.

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_