

Hayden VBS Registration 2016

For children eligible to enter pre-school through 6th grades in the Fall.

July 11-15, 5:30-8:00pm at Mission of Grace Church,

Dinner will be provided for attending children from 5:30-6:00pm

Sponsored by Mission of Grace Church and Hayden Congregational Church

Note: No need for a separate form if you have more than one child to register, but you may only register a child if you are the parent or legal guardian. If you have any questions, please contact:

Mission of Grace (970-276-3111) or Hayden Congregational Church (970-276-3510).

Child(ren)'s First and Last Name(s):

Grade(s) entering in the Fall:

Parent/Guardian Name: _____

Home Ph: _____ **Work Ph:** _____ **Cell Ph:** _____

Who will be picking up your child(ren) from VBS?

I understand my child(ren) may get wet and dirty at VBS, and I will not send them in clothing that cannot become wet or dirty. _____ (initial)

Media Release for photos/video taken during VBS

My child(ren) **may / may not** (please circle one; if neither are circled, we will assume there is no permission) have photos or video taken by VBS staff included on Facebook or websites related to VBS, Hayden Congregational Church or Mission of Grace Church. Please note Hayden Congregational and Mission of Grace Baptist Church are not responsible for photos/video taken by other individuals who may be present but not volunteers and/or staff from either church.

Please continue form on the back

Medical Information

Information about your child(ren) you feel we need to know, e.g., food allergies, for their safety while at VBS:

Insurance Company: _____

Group/Policy# _____ **Policy Holder's Name:** _____

Doctor's Name: _____ **Doctor's Phone:** _____

Additional Emergency Contact Name other than parent/guardian:

Relationship: _____ **Phone Number:** _____

By my signature below, I understand reasonable precautions will be taken to safeguard the health and wellbeing of my child(ren) while attending Vacation Bible School (VBS), and I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize the VBS team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached.

To the fullest extent permitted by law, I release Mission of Grace Baptist Church, Hayden United Congregational Church, their trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my child(ren) while participating in the activity and agree to save and hold harmless Mission of Grace Baptist Church, Hayden United Congregational Church, their trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Parent/Guardian Signature: _____ **Date:** _____