

**Completed by Registrar:**  
 Registration Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cash      Check # \_\_\_\_  
 Crew: \_\_\_\_\_

**SAINT AIDAN'S  
 EPISCOPAL CHURCH  
 VACATION BIBLE SCHOOL**



**Registration Form for  
 July 26<sup>th</sup> through July 30<sup>th</sup> ~ 9am-Noon**

**THE REGISTRATION DEADLINE IS SUNDAY, JULY 11<sup>TH</sup>  
 OR WHEN WE REACH MAXIMUM CAPACITY, WHICHEVER COMES FIRST.**

**ALL PARTS ON THE FRONT AND BACK OF THIS FORM MUST BE COMPLETED.**

- PLEASE USE ONE REGISTRATION FORM PER CHILD.
- YOU MAY WRITE ONE CHECK IF YOU ARE REGISTERING MORE THAN ONE CHILD.
- FOR A CHILD TO BE REGISTERED, PAYMENT MUST BE ATTACHED TO THIS FORM.
- MAKE CHECKS PAYABLE TO ST. AIDAN'S EPISCOPAL CHURCH AND WRITE VBS IN THE MEMO LINE PLEASE.

SAINT AIDAN'S VBS IS FOR CHILDREN THAT ARE 4 YEARS OLD BY SEPT. 1, 2010 (MUST BE FULLY POTTY TRAINED) THROUGH CHILDREN THAT HAVE JUST COMPLETED THE 5TH GRADE.

REGISTRATION IS \$20 PER CHILD. T-SHIRT & FRIDAY CELEBRATION LUNCH AND PARTY IS INCLUDED IN THE PRICE.

CIRCLE T-SHIRT SIZE: CHILD'S: S M L ADULT: S M L XL

CHILD'S NAME \_\_\_\_\_ GOES BY: \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ GRADE IN FALL OF 2010 \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_  
 HOME PHONE # \_\_\_\_\_ MOBILE # \_\_\_\_\_  
 E-MAIL FOR VBS UPDATES AND REMINDERS (PLEASE PRINT) \_\_\_\_\_  
 EMERGENCY CONTACT NAME(S) \_\_\_\_\_  
 PHONE # WHERE THEY CAN BE REACHED DURING VBS HOURS \_\_\_\_\_

## RELEASE AND CONSENT TO DISPLAY PICTURES

Please, check one:

- I give Saint Aidan's Episcopal Church permission to display pictures in print and on the Saint Aidan's website without my child's name for VBS celebration reasons.
- I do not want my child's picture to be taken or publicized in any way.

## CONSENT OF RELEASE OF LIABILITY

I do hereby waive, release, covenant not to sue and forever discharge, to the fullest extent permitted by law, St. Aidan's Episcopal Church and its related or connected organizations, officers, agents, employees, representatives, successors, assigns and all others of and from any and all responsibilities, claims, and expenses, personal injury, wrongful death or liability for injuries or damages of any kind resulting from the participation of my child in any activities of the St. Aidan's Episcopal Church Children's Ministry facilities, rented or owned, or arising out of any St. Aidan's Episcopal Church Children's Ministry activities. I do also hereby indemnify, release and hold harmless, to the fullest extent provided by law, all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury, damage or death to my child, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my child's participation in any activities of the St. Aidan's Episcopal Church Children's Ministry.

## CONSENT OF MEDICAL RELEASE

As a parent and/or guardian, I hereby authorize and direct the treatment by a qualified and licensed medical doctor of my child in the event of a medical or dental emergency which, in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me.

## CONSENT OF RELEASE OF MEDICAL CONDITIONS

My child is subject to the following medical conditions, I authorize St. Aidan's Episcopal Church to disclose such medical conditions to a licensed medical doctor in the event my child should require emergency medical or dental care.

ALLERGIES \_\_\_\_\_

ILLNESSES \_\_\_\_\_

DISABILITIES \_\_\_\_\_

PHYSICAL, MEDICAL, DIETARY RESTRICTIONS \_\_\_\_\_

ROUTINE MEDICATIONS (GIVE DOSE AND TIMES TAKEN) \_\_\_\_\_

MAY AN ADULT GIVE YOUR CHILD OVER THE COUNTER MEDICATIONS IF NECESSARY?      YES      NO

ARE ALL OF YOUR CHILD'S IMMUNIZATIONS CURRENT?      YES      NO

IS YOUR CHILD POTTY TRAINED?      YES      NO

ADDITIONAL INFORMATION THAT WOULD HELP MAKE YOUR CHILD'S VBS EXPERIENCE EVEN MORE SUCCESSFUL:

\_\_\_\_\_

## MEDICAL INFORMATION

PHYSICIAN \_\_\_\_\_ PH# \_\_\_\_\_

HEALTH INSURANCE CARRIER \_\_\_\_\_ GROUP# \_\_\_\_\_ POLICY# \_\_\_\_\_ PH# \_\_\_\_\_

PARENT(S) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

THIS FORM IS VALID FROM MARCH, 2010 TO AUGUST, 2010.

MY CHILD WILL BE PICKED UP DAILY BY: \_\_\_\_\_