

St. Mark's Church – Vacation Bible School August 9 – 13, 2010

## **REGISTRATION FORM**

Child's name:
Parent/Guardian name:
Address:
Home Phone: Cell Phone:
Home Email:
Child's age: School grade entering in Fall:
Home congregation:
In case of emergency (if parent can't be reached) contact:
Name: Phone:
Relationship to child:
Any allergies (including food allergies)
(We do not administer medications unless emergency)
Person who will pick up child at end of VBS:
Name:
Phone and address if not listed as parent/guardian above:

## WAIVER

By my signature, I certify that the above information is true and correct to the best of my knowledge.

I agree to my child's participation in St. Mark's Vacation Bible School program. I agree to have my child at St. Mark's by 6:00pm (5:30pm for supper) and promptly pick him/her up by 8:30pm. I understand that a healthy supper will be provided for my child and that any known food allergy has been listed on opposite page.

St. Mark's Church has my authorization to obtain necessary medical and/or surgical treatment in the case of illness, accident, or any other emergency situation that may arise in the event that I am unable to be reached at the time of such emergency.

I agree, on behalf of myself and the registered child, that in no event will St. Mark's Church, its Rector, Wardens, Vestry, employees, agents or volunteers (collectively the "Released Parties") be held liable for any injuries, accidents, or losses suffered by my child while participating in use of St. Mark's facilities, the Vacation Bible School, any associated activity or while traveling to or from the Vacation Bible School, and that the Released Parties are hereby released and held harmless from any and all liability.

I further expressly agree to indemnify and hold harmless the Released Parties' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by the registered child or by any other persons on the account of damages of any character resulting to the registered child in any way from the foregoing activities. I further agree to reimburse and to make good to Released Parties any loss, or costs Released Parties may have to pay as a result of any such action, claim, or demand.

Name (signed)	(printed)	
Date:		