

# VACATION BIBLE SCHOOL

JULY 12-16, 2010

9:30-12:00 NOON

## REGISTRATION FORM

(ONE PER CHILD)



Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Next Year's School Grade: \_\_\_\_\_

***Please complete the remainder of this form (both sides) ONLY if you did not fill out a consent form earlier this year.***

In case of emergency, contact: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Other: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Home Church: \_\_\_\_\_

Crew Number (for church use only): \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above-named person, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Bus. \_\_\_\_\_

Insurance (fill in applicable spaces):

Company: \_\_\_\_\_

Policy/Certificate #: \_\_\_\_\_ Group #: \_\_\_\_\_

In signing this form, I hereby certify that this information is correct. In case of medical emergency, I understand that every effort will be made to contact the person(s) named above. In the event that person(s) cannot be reached, I hereby give permission to notify a physician; and I give permission to that physician to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the individual named above. In consideration thereof, I agree to hold harmless Hannaford Street Bible Church and/or its agents or representatives from any and all claims for expenses incurred, if any.

I state that the information that I have provided in this form is true and correct to the best of my knowledge, and that I have not made any false statements herein. I understand that HSBC is a non-profit religious organization and that the services provided are not for monetary gain, but for Christian outreach and ministry.

I further hereby release and hold HSBC, their agents and assigns, harmless from any injury or loss Participant may suffer arising out of his/her involvement with said organization, except for negligent acts which would have been prevented if prior actual knowledge and reasonable opportunity had existed where in the negligence would have been avoided by HSBC. Except for that limited scenario, I take complete responsibility for my own acts. I further understand that the Bible states that Christians should not sue their fellow Christian (1 Cor. 6:1-8) and I agree to those terms.

**Video Release**

By signing this form, I give my permission for my child, \_\_\_\_\_ (name of child) to be videotaped, photographed or digitally imaged for promotional purposes for Hannaford Street Bible Church (Hannaford) and that the images taken will not be used for any other purposes.

Signature \_\_\_\_\_  
(Parent or legal guardian)

Date \_\_\_\_\_

Name \_\_\_\_\_  
(please print)

Phone# \_\_\_\_\_