

New Light Church, Tampa, Florida
2010 VBS Registration Form

June 14 ~ 18, 2010, 9:00am ~ 12:00pm (Fee: \$25, \$5 off for each additional child)

Child's Name _____

Parent/Guardian Name _____

Address _____

Parent/Guardian Phone Numbers:

Home _____ Work _____ Cell _____

E-mail: _____



Age Information:

Birth date (for preschoolers) or last grade completed in school _____

Medical Information:

Medical or other information we need to know. (Please include any food allergies.)

(Please use back if needed)

Emergency Contact: Name _____ Phone number _____

Name _____ Phone number _____

Dismissal Information:

Who may pick up your child at the end of each VBS day?

May we have permission to photograph your child and use it for church purpose? Yes No

T-shirt size: (Youth) S M L

Medical Release

I, the undersigned parent or guardian, grant permission for the above named to attend 2010 Vacation Bible School. In the event of an emergency where medical treatment is required, I give permission to New Light Church staff to obtain the services of a licensed physician. I understand that I or the emergency contact person will be notified immediately concerning any such emergency. I hereby release and discharge the teachers, event volunteers and New Light Baptist Church from any and all debts, judgments or suits of any kind that may arise by my child's participation in this event. Payment of any medical expenses will be paid by me or by my insurance company.

Signature of Parent/Guardian

Date