



Three Rivers Community Presbyterian Church
Go Do Good Vacation Bible School 2018

PROGRAM REGISTRATION FORM AND PERMISSIONS SLIP

STUDENT INFORMATION

Name: _____ Grade: _____ Gender: _____

Address: _____ City: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Father _____ Home Phone _____ Cell Phone _____ Work Phone _____

Mother _____ Home Phone _____ Cell Phone _____ Work Phone _____

Guardian _____ Home Phone _____ Cell Phone _____ Work Phone _____

Street Address _____ Mailing Address _____

Email Address _____

Student lives with, (check all that apply): Father ___ Mother ___ Guardian ___

STUDENT PICKUP

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Alternative phone: _____ Alternative phone: _____

Relationship to student: _____ Relationship to student: _____

I give my child permission to participate in the classes and activities of 3RCPC

Signature of Parent/Guardian

Date



EMERGENCY CONTACT INFORMATION

In the event the parents/guardians cannot be reached, 3RCPC will call the people listed below. People listed should be individuals who can give permission to administer healthcare; pick up your child if necessary; give advice about caring for your child.

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Alternative phone: _____ Alternative phone: _____

Relationship to student: _____ Relationship to student: _____

HEALTH INFORMATION/MEDICAL RELEASE

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Medications taken by student: _____

Physical Conditions: (allergies, diabetes, etc.): _____

Date of last Tetanus Shot: _____

If my child's emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize the 3RCPC and 3RCPC Staff & Volunteers, to obtain emergency medical care for my child, while under the church's care; including transporting or sending my child to the emergency room of the nearest hospital.

Signature of Parent/Guardian

Date



Photo Release

I give my permission to 3RCPC to use photographs of my child in its public displays or media releases. I understand that these photographs will not be sold or used for commercial purposes.

Signature of Parent/Guardian

Date

Hold Harmless Agreement

As a condition of my being involved in the 2018 Go Do Good Vacation Bible School, I hereby voluntarily and absolutely release and discharge 3RCPC, and its constituent organizations, officers, agents and employees from any and all loss and damages or actions or causes of actions for personal injury, property damage/loss or wrongful death that may be suffered through involvement in the 3RCPC program, or by use of facilities or equipment; whether or not such injuries or damages are caused by the negligence, (active or passive), of any of the entities or individuals listed above.

Signature of Parent/Guardian

Date