diving into triendship with god	Federal Way Mission Church 405 S. 312th St. Federal Way, WA 98023 Tel: 253 326 7800 Vacation Bible School August 5 Monday – August 9 FRIDAY (10:00 AM to 1:30 PM)		
(One per Child)			
Child's Nam <u>e</u>	Age:	Gender: <u>M</u>	F
Date of Birth	Grade Finished 2023 (학년):		
Parent/Legal Guardian:			
Address	Telephone:		
Child's Allergies (especially food aller	rgies):		
Other Helpful Information (illness, Me	edication, activity restriction), etc.		
Emergency Contact Perso <u>n:</u> Relationship to child:	Telephone		

## Activity Consent Form and Liability Waiver

Medical Treatment & Liability Waiver 1. If at any time medical treatment is necessary for my child, I give consent for treatment to be given. I understand that every effort will be made to contact parent/guardian prior to emergency treatment. 2. I understand that Federal Way Mission Church will provide necessary and appropriate supervision of my child.I give my approval for my child's participation in all activities of theVacation Bible School (VBS) and assume all risks and hazards incidental to such participation and do waive, release, absolve, indemnify and agree to hold harmless Federal Way Mission Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, or sickness as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child while involved in the children/youth activities. Photo Release Permission 1. I give my permission for the Federal Way Mission Church Vacation Bible School to use my child/children's picture for the missionary purposes and the website of Federal Way Mission Church Registration Information1.Federal Way Mission Church Vacation Bible School reserves the right to discharge a child at any time without refund if there is a suspicion of bullying, abuse or misconduct.

Date:

Parents Print Name

Signature(s)

