

VBS 2018

Registration

(please fill out a separate form for each child attending)

Child's Name: _____ Birth Date (mm/dd/yy): _____ Age: _____

Grade in School in September 2018: _____

Address: _____

City: _____ State: _____ Zip: _____

PARENTS' PERMISSION AND RELEASE FROM LIABILITY

I give permission for my son / daughter / children to participate in Vacation Bible School at Lawrence Road Presbyterian Church on July 9 - 13, 2018, from 8:45am until 12:00 noon. I understand there is risk of injury or loss associated with this activity. I hereby release Lawrence Road Presbyterian Church, its officers, volunteer youth leaders, paid staff, and the owners of the property from liability for any injury or loss which may occur in connection with this activity. My child is covered by insurance and I understand that I will be responsible for any medical costs in connection with any injury or loss.

Child's prescribed medication(s) we should know about? _____

Allergies we should know about: _____

Parents' Name (please print): _____

Parents' Signature: _____

Parents' telephone number (including area code): _____

Additional Contact (please print): _____

Relationship to Participant (aunt, neighbor, grandparent, etc.) _____

Additional Contact telephone number (including area code): _____

Physician's Name and telephone number: _____

Who will pick up the child at the end of each day? _____

*Mail or scan and return this form to the church office
c/o Vacation Bible School, Lawrence Road Presbyterian Church,
1039 Lawrence Road, Lawrenceville, NJ 08648
office@tlrchurch.org*