## Federal Way Mission Church

405 S. 312th St. Federal Way, WA 98023 Tel: 253 326 7800

## Vacation Bible School

July 7 Monday - July 11 FRIDAY (10:00 AM to 1:30 PM)

## REGISTRATION FORM

(One per Child)

Child's Name	Age:	Gender: _	M	F
Date of Birth	Grade Finished (학년):_			
Parent/Legal Guardian:				
Address	Telephone: _			
Child's Allergies (especially food allergies	es):			
Other Helpful Information (illness, Medic	eation, activity restriction), etc.			
Emergency Contact Person:	Telephone _			
Relationship to child:				
Activity Commendation Medical Treatment & Liability Waiver 1. consent for treatment to be given. I und to emergency treatment. 2. I understand appropriate supervision of my child. I given Bible School (VBS) and assume all risks absolve, indemnify and agree to hold have accidental personal injury, or sickness a which may be incurred by the undersign Photo Release Permission 1. I give my proposed to use my child/children's picture for the Registration Information1. Federal Way Manual Child at any time without refund if there	erstand that every effort will be a d that Federal Way Mission Chur e my approval for my child's pa and hazards incidental to such armless Federal Way Mission Ch ein the "Church") from any and s well as property damage and ed and the child while involved in permission for the Federal Way Market missionary purposes and the way Mission Church Vacation Bible So	made to cor ch will provi- rticipation in participation urch,its pas- all liability, of expenses, on the childre Mission Chur rebsite of Fe	ntact parde neces and all active neces and deces deces and neces a	rent/guardian prior ssary and vities of theVacation o waive, release, ectors, employees, or demands for ature whatsoever activities. ation Bible School by Mission Church
	arents Print Name			
$\mathcal{S}_{i}$	ignature(s)			

FREE ADMISSION