

Federal Way Mission Church

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

Youth Summer Day Retreat

Going to 6th Grade to 12th Grade AUGUST 3-6 (10:00AM to 5:00PM)

REGISTRATION FORM

(One per Child)

Child's Name _____ Age: _____ Gender: M F _____

Date of Birth _____ Grade Finished 2021 (학년): _____

Parent/Legal Guardian: _____

Address _____ Telephone: _____

Child's Allergies (especially food allergies): _____

Other Helpful Information (illness, Medication, activity restriction), etc. _____

Emergency Contact Person: _____ Telephone _____

Relationship to child: _____

여름학교 Activity 동의서 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 the Youth Summer Retreat 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 Youth Summer Retreat to use my child/children's picture for the missionary purposes and the website of Federal Way Mission Church

Registration Information 1. Federal Way Mission Church Youth Summer Retreat 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) _____

FREE ADMISSION



Federal Way Mission Church

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Vacation Bible School

AUGUST 9 Monday - AUGUST 13 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 2021 (학년): _____

Parent/Legal Guardian: _____

Address _____ Telephone: _____

Child's Allergies (especially food allergies): _____

Other Helpful Information (illness, Medication, activity restriction), etc. _____

Emergency Contact Person: _____ Telephone _____

Relationship to child: _____

여름학교 Activity 동의서 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 the Vacation 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 Information. 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) _____

FREE ADMISSION