



June 18-22  
9am - 12pm

# REGISTRATION FORM

Child's Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age (must be 4 years old and potty trained): \_\_\_\_\_ Grade Just Completed: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Other than Parent/Guardian)

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Allergies:  YES  NO If Yes, list and explain: \_\_\_\_\_

Who is allowed to pick-up your child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Any Important/Special Instructions? \_\_\_\_\_

**EACH CHILD MUST BE SIGNED-IN AND SIGNED-OUT EVERY DAY!**

## MEDICAL RELEASE:

I authorize Journey Church Gillette to seek emergency medical treatment for my child \_\_\_\_\_.  
I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment if I cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken. If it is not possible to locate me, I accept the expense. In the event of life-threatening emergency, I understand that "911" will be called to take my child to Campbell County Health.

## LIABILITY RELEASE:

I further release from any liability Journey Church Gillette, and any of its ministries or leaders in the event of an accident en rout, during and returning from Vacation Bible School.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special Instructions in Case of Illness or Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian (print name and sign): \_\_\_\_\_

Parent/Guardian (print name and sign): \_\_\_\_\_

Date: \_\_\_\_\_