

VBS Registration Form
Missouri Street Church of Christ
June 2, 9, 16, 23, 2019 // 5-7 PM
For Kiddos From Birth Through Sixth Grade

Children Attending (Please Print Legibly):

Full Name	Gender	Age	Grade Completed
	M F		
	M F		
	M F		
	M F		

Name of Legal Parents/Guardians (Please Print Legibly):

Name	Relationship	Email Address	Phone Number

Child's Mailing Address (Please Print Legibly):

Street or P.O. Box	City	State	Zip Code

Child's Home Church (Please Print Legibly):

Name of the Church	City Where Located

Emergency Contact (Please Print Legibly):

Name	Relationship	Phone Number

Allergies or Medical Conditions We Need To Know (Please Print Legibly):

I, the undersigned legal parent/guardian of _____ hereby expressly consent that my son or daughter receive emergency medical treatment from any physician, hospital or other medical center without the necessity of them first notifying me, and do further agree to hold harmless any chaperone, minister, director, administrator, or elder of the Missouri St. Church of Christ, physician, hospital or other medical center for rendering of such services. I hereby authorize the use of any photographs and video taken of my child to be used on any and all social networking sites managed by the Missouri St. Church of Christ, or in any Missouri St. Church of Christ corporate gathering. I also agree that the Missouri St. Church of Christ and all of its volunteers and staff are not responsible for any injury occurred by my child, nor are they responsible for any personal items that are lost, stolen, or damaged. I hereby authorize any administrator of the Missouri St. Church of Christ to act for me according to his best judgment in any emergency requiring medical attention. I am allowing my child to attend Vacation Bible School, at the Missouri St. Church of Christ in West Memphis, Arkansas, on June 5-8, 2017.

Signature of Legal Parent or Guardian Printed Name of Legal Parent or Guardian Date