

Hanover Evangelical Friends Church  
Vacation Bible School 2016 Registration Form



Parent/Guardian's Full Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

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

Who is allowed to pick up your child? \_\_\_\_\_

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

Do you have a church home? Yes or No      If not, can we contact you about our church? Yes or No

I heard about VBS from: \_\_\_\_\_

Child's Name and Age: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Food Allergies or other Medical Problems** \_\_\_\_\_

Child's Name and Age: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Food Allergies or other Medical Problems** \_\_\_\_\_

Child's Name and Age: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Food Allergies or other Medical Problems** \_\_\_\_\_

Child's Name and Age: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Food Allergies or other Medical Problems** \_\_\_\_\_

For additional children, please use additional forms.

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**VBS Release Form**

*I, the undersigned, release Hanover Evangelical Friends Church, the VBS staff & volunteers from all liability for any injuries (mental, emotional, physical) or losses incurred while taking part in VBS. In the event of a medical emergency I authorize the VBS Staff to act for me according to their best judgment. I also grant permission for my child to be given treatment at a local hospital if it is deemed necessary. There are no limits to my child's participation except as stated in writing & included with this registration form. Your child will have pictures and/or video taken of him/her while participating in VBS. These pictures and/or videos may appear in our Worship Services, displays, publications or website*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit Online or Mail form to: HEFC 6420 Mechanicsville Turnpike, Mechanicsville, VA 23111**