

**Hanover Evangelical Friends Church
Vacation Bible School 2017 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: _____

Participants

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.

PLEASE SIGN RELEASE ON BACK

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, Mail or bring form to: HEFC 6420 Mechanicsville Turnpike, Mechanicsville, VA 23111