

# VBS: June 29- July 3 2009 Crocodile Dock Registration Form

(Please complete this form and return to the office)

We are excited about Vacation Bible School!!!! Kids will have the opportunity to develop new friendships, learn God's Word through memorable lessons, and have a blast this year with our crocodile infested swamp theme!!! **Ages 4 through 5<sup>th</sup> Grade**

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

AGE: \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

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

In Case of Emergency, Contact:

\_\_\_\_\_

Allergies and other Medical Conditions:

\_\_\_\_\_

Home Church: \_\_\_\_\_

## Permission / Waiver Form

I am the legal parent or guardian of this child and grant permission for him/her to participate fully in all activities. I also give permission for the said child to be taken to the doctor or hospital and authorize medical treatment that may be necessary in the event that I cannot be reached. I release, and agree to hold harmless Church of the Cross and Directors from any liability, claims and demands for personal injury, sickness, death, of any nature that may be incurred by the undersigned child while participating in Vacation Bible School program.

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

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

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician Name : \_\_\_\_\_

\_\_\_\_\_  
(Parent / Legal Guardian Signature and Date)

We are asking that each family would include a donation to VBS to help cover costs of this exciting program!

**Thank you for signing your child up for Crocodile Dock!!!**