

2024 Crosswalk Church VBS REGISTRATION FORM

****This form must be completed before admittance is allowed****

Families, please complete one for per child. Thank you!

First Name: _____ Last Name: _____

Age: _____

Date of Birth: _____

Child's Grade: _____

Sex: Male _____ Female _____

Child's Address: _____

City/State: _____

Zip Code: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone: (_____) _____ Cell Phone: (_____) _____

Persons to be contacted in case of an emergency:

Name _____ Phone _____ Relationship to Child _____

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Does your child have any medical conditions that we should be aware of?

(Allergies, medications, animals, etc.) If so, please explain:

The undersigned gives permission to his or her child to participate in the above named activity and releases CROSSWALK CHURCH, its leadership, members, and volunteers from any liability whatsoever for any injury or death to person or loss of damage to property sustained by the undersigned for any member of his family, in attendance, and the undersigned agrees to defend and indemnify CROSSWALK CHURCH, its leadership, members, and volunteers, from any liability or loss they might sustain by reason thereof. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the director of children's ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

By signing this registration form you agree that any photographs, videos, and/or other multimedia taken of your child at or during this event are the property of CROSSWALK CHURCH and may be used in future publications as deemed appropriate.

Signed: _____ *Date:* _____