



2017 VBS REGISTRATION FORM

Britt David Baptist Church

June 5 - 9

Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ ZIP: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Age: _____ Birthday: ____/____/____ Grade Completed: _____

Home Church: _____



T-shirt Size: _____

Available T-Shirt Sizes

- YXS Youth Extra Small / 2-4
- YS Youth Small / 6-8
- YM Youth Medium / 10-12
- YL Youth Large / 14-16
- S Adult Small
- M Adult Medium
- L Adult Large
- XL Adult Extra Large
- 2XL Adult Double Extra Large
- 3XL Adult Triple Extra Large

T-shirts will be provided for those attending on Friday

MEDICAL INFORMATION and RELEASE

In Case of Emergency, Contact...

1) _____
name relationship to child phone

2) _____
name relationship to child phone

Allergies or Other Medical Conditions We Should Know About:

Dietary Restrictions We Should Know About:

I, the undersigned parent or guardian, grant permission for the above named child to attend Vacation Bible School at Britt David Baptist Church in Columbus, Georgia. In the event of an emergency where medical treatment is required, I give permission to the church staff to obtain the services of a licensed physician. I understand that I or the emergency contact person will be notified immediately concerning any such emergency. I hereby release and discharge the adult leaders, event staff, and Britt David Baptist Church from any and all debts, judgments, or suits of any kind that may arise by my child's participation in the event. Payment of any medical expenses will be paid by me or by my insurance company.

PERMISSION TO USE YOUR CHILD'S PHOTOGRAPH

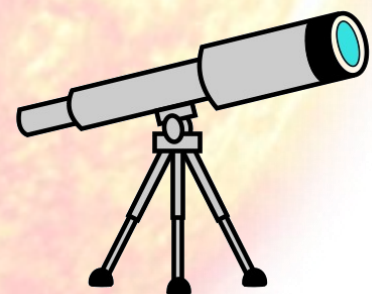
Please Check One Box



YES, as the mother/father/guardian of the child named above, I do hereby give permission to Britt David Baptist Church to properly use and/or publish photographs of him/her taken during VBS on the church's website and on slideshow presentations used by the church for the edification and encouragement of the child, the family, and the church.

NO, as the mother/father/guardian of the child named above, I do NOT want his/her photograph published in any manner by Britt David Baptist Church.

- Days You Plan to Attend:**
- _____ Monday
 - _____ Tuesday
 - _____ Wednesday
 - _____ Thursday
 - _____ Friday
 - _____ EVERY DAY!



FREE LUNCH FRIDAY

On Friday, join us for the Children's Music Presentation and lunch. Everything is free, but we need to know how many to prepare for.

Name: _____

lunches for my family: _____