

**SPRINGS OF LIFE BIBLE CHURCH**  
**VACATION BIBLE SCHOOL REGISTRATION CARD 2017**

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number, Apartment Number City State Zip

Home Telephone \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother / Legal Guardian \_\_\_\_\_

Father / Legal Guardian \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_  
Name Relation Phone

Allergies or other conditions which may limit activity \_\_\_\_\_

Any special needs that we should be aware of \_\_\_\_\_

**Liability/Medical Release**  
**Release of all claims**

I, being the parent(s) or legal guardian(s) of the above-registered child, do release and agree to hold harmless Springs of Life Bible Church and the directors and agents thereof from any and all liability, claims, or demands for personal injury, as well as damage and expenses, or any nature that may be incurred by the parent/guardian and child-participant, that occur while the child is participating in the above described activity.

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

May we have permission to photograph your child in the course of the VBS activities and to use said photos in our closing program slideshow? Yes / No

May we have permission to apply a deet-free insect repellent on your child for outdoor recreation? Yes / No

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