



**Vacation Bible School Registration  
Dellcrest Church of Christ (one form per child)  
(PLEASE PRINT)**

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Level (During this past school year): \_\_\_\_, Home phone: \_\_\_\_\_, Cell phone: \_\_\_\_\_

Parent's names: \_\_\_\_\_

Home address: \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone # \_\_\_\_\_

Food Allergies, Special Needs, Etc.: Yes No (List :) \_\_\_\_\_

Medical concerns: Yes No (Explain :) \_\_\_\_\_

Church affiliation: \_\_\_\_\_ Church membership at: \_\_\_\_\_

Circle Days your Child will be Present: **July 15, July 16, July 17,**

**PARTICIPANT WAIVER OF LIABILITY (required)**

For and in consideration of permitting the person indicated above to enroll in and participate in Vacation Bible School at The Dellcrest Church of Christ, I hereby voluntarily release, discharge, and relinquish any and all actions, causes of action, and claims for personal injury or property damage of or to the participant arising out of, or in any way related to, their participation in such program. I represent that I understand that this release is intended to, and does discharge in advance The Dellcrest Church of Christ, Vacation Bible School, any and all of its officers, agents, volunteers, servants, and employees from any and all liability, actions and causes of action, even though that liability may arise out of the negligence or carelessness of the Church or its officers, agents, volunteers, servants, and employees. *I also give permission for my child to be photographed and understand that any photos may be displayed only on the church premises or published in church literature.* Only the person(s) listed below may pick up my child.

Date \_\_\_\_\_ Parent's or Guardian Signature \_\_\_\_\_

**Circus of Faith VBS July 15-17, 2013 Dellcrest Church of Christ**

**Circus of Faith will help your child learn that faith should be in the center ring of our lives**