

POLAR EXPEDITION
PRESCHOOL VBS REGISTRATION

Last Name _____ First Name _____

Age _____ Date of Birth: Month _____ Day _____ Year _____

Sex: Male ___ Female ___ Did your child complete Kindergarten? Y ___ N ___

Child's Address: _____

City / State _____ Zip _____

Parent's/Guardian's Names: _____

Parent's/Guardian's Home Phone # _____ Cell Phone # _____

Person to be contacted in case of emergency:

Name _____ Phone # _____

Relationship to child: _____

Persons(s) authorized to drop off & pick up child (other than parent): * There will be a **MANDATORY** sign in/sign out sheet for our 2 & 3 yr., 4, 5, & K VBS program.

Does your child have any medical condition(s) that we should be aware of? Y ___ N ___

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

Name any siblings who will also be attending VBS @ Salem First Friends Church:

Church you are currently attending:

* The undersigned gives permission to his or her child to participate in the above named activity and releases Salem First Friends Church, its employees, and volunteers, from any liability, or financial responsibility whatsoever, for any injury or death to person, as well as loss or damage to property sustained by the undersigned for any member of his family, in attendance, and the undersigned agrees to defend and indemnify S.F.F.C., its employees, and volunteers, from any liability or loss they might sustain by reason thereof. In the event 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 my child as named above.

Signature of parent or guardian: _____

Date: _____

Insurance Company: _____ Policy # _____

* By signing this registration form, you also agree that any **photographs** taken of your child during this event are the property of Salem First Friends Church, and may be used in future publications, as deemed appropriate.