



**McFERRIN VBS**  
**FOR 3 YEAR OLDS-8<sup>TH</sup> GRADERS**  
\*\*\*\*\*  
\*\*\*\*\*  
**ONE FORM PER STUDENT PLEASE**

**McFerrin VBS Registration**

**June 5<sup>th</sup> -June 9<sup>th</sup>, 2017**

Name \_\_\_\_\_ Age \_\_\_\_\_

Birth Date \_\_\_\_\_ School grade just completed \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_ Work phone \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

Church attended regularly \_\_\_\_\_

Please circle T-shirt size Youth: 6-8   10-12   14-16   Adult: S   M   L   XL

VISITORS: Which church member invited you? \_\_\_\_\_

E-mail address: \_\_\_\_\_

**\*\* For consistency purposes, students must attend the VBS class of the grade completed unless previously approved by VBS directors. \*\***

2017 VBS ACTIVITY  
MEDICAL/PERMISSION FORM  
McFerrin Missionary Baptist Church

I hereby give my permission for \_\_\_\_\_ to participate in all the student activities sponsored by the student ministry of McFerrin Missionary Baptist (MMBC).

I understand the nature and risk level of activities in which this child will be a participant. I also give permission for the participant to ride on MMBC owned vehicles. I authorize any staff member or chaperone of MMBC to administer necessary first aid and/or procedure medically necessary at or from any licensed medical facility or physician's office. I also authorize the selected physicians and/or medical facility to provide such medical treatment as necessary for the above incurred on behalf of/or by the above participant. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. I do hereby release, absolve, and hold harmless MMBC, its organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above-named youth arising out of the trip. In case of injury to my child, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I likewise release from responsibility any person transporting my child to and from the activities. I also understand my child will be held responsible for any damage to property caused by my child while attending any MMBC sponsored event. If my child does not act according to the rules laid out by MMBC, I will pick them up or pay for the transportation home from that activity.

Parent(s) Name \_\_\_\_\_

Medical Insurance Coverage \_\_\_\_\_

Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Person to be contacted if not parent(s) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Other comments / info regarding this participant (i.e., allergies, medications, etc.)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_