

Registration for Vacation Bible School 2011

July 18-22nd, 9am-12noon

Ages 2 - 3rd grade

Return this form with \$10 tuition to LCMF by July 15th.

Families, please complete one form per child. Thank you!

Child's Name _____ T-Shirt Size _____

Age _____ Date of Birth: _____ Child's Grade (Fall 2011) _____ Sex: Male Female

Child's Address _____

City / State _____ Zip _____

Parent's/Guardian's Name _____

Parent's/Guardian's Phone () _____ Cell Phone () _____

Email _____ Home Church _____

Persons to be contacted in case of emergency (other than parent/guardian):

1. Name _____ Phone _____ Relationship to Child: _____

2. Name _____ Phone _____ Relationship to Child: _____

Please list anyone allowed to pick up your child (name & phone number):

Allergies (medications, foods, etc.) _____

Does your child have any medical or special needs, including medications currently being used?

____ No ____ Yes If yes, please explain: _____

Siblings who will also be attending VBS _____

The undersigned gives permission to his or her child to participate in the above named activity and releases Life Changing Ministries & Fellowship, its officers, employees, and agents from any liability whatsoever for any injury or death to person or 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 Life Changing Ministries & Fellowship, its officers, employees, and agents 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, and order injection, anesthesia, or surgery for my child as named above.

Signed: _____ Date: _____

Insurance Company: _____ Policy No. _____

Life Changing Ministries & Fellowship

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