



Registration and Medical Release Form



* One form per child, please.

* Please print clearly and fill out form completely. Thank you!

* VBS is June 17-19, 2015

*9AM to 12Noon @ Polson Alliance Church

* Ages 3 to 4th grade

Child's name _____ Age _____

Birth date _____ School grade just completed _____

Name(s) of siblings also attending 2015 VBS _____

Are you also interested in the program for moms and toddlers? Yes No

Parent/Legal Guardian Name _____

Street Address _____ City _____

Home phone _____ cell phone(s) _____ work phone _____

e-mail _____

Will this parent/guardian pick up the child each day? Yes No

If the parent / legal guardian is not available in an emergency, contact:

Name _____ phone(s) _____

Allergies

Please list any allergies, including foods, medications, etc.

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

No _____ Yes _____ If yes, please explain _____

Transportation

Free - The CSKT transportation department has been scheduled to pick up kids at Cherry Valley Elementary in Polson around 8:30 am with a return trip around 12:15 pm. Would your child or children be using this? No _____ Yes _____, **If YES, turn in registration form by June 13.**

Pictures

I hereby GRANT _____ or DO NOT GRANT _____ permission for Polson Alliance Church to use pictures of my child named above on their website for informational or promotional purposes.

PERMISSION TO PARTICIPATE & MEDICAL RELEASE:

I (we) the undersigned parent(s) or guardian(s) of _____ a minor, give permission for my child to use the play equipment and to participate in all VBS activities. I understand that I am welcome to participate in any of my child's activities. I do hereby authorize adult volunteers of Polson Alliance Church (PAC) as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability PAC and any of its volunteer staff or leaders in the event of an accident en route, during and returning from the above mentioned event. I agree to pay for any fees incurred. I also understand that PAC will not be held responsible for any accident or liable for any related expenses.

Parent(s)/Guardian(s) Signature:

_____ Date _____

Please REGISTER by June 13, mail (or hand deliver on Sundays from 10:00 to 10:30) to Polson Alliance Church, 46873 Hwy 93, Polson, MT 59860, OR email to angieeaglethomas@gmail.com call Angie Thomas @ 314-8145 with any questions