

Grace Bible Church

Registration Form for _____
(i.e. Wednesday Fellowship, Vacation Bible School, etc)

Name _____
Brought By: _____ Will be Picked up by: _____
Birthdate _____ Sex _____ Age _____ Grade Completed _____
Parent or Guardian _____
Home Address _____
Home Phone _____ Cell Phone _____ Email: _____

Emergency Contacts

Name _____
Home Phone _____ Cell Phone _____

Name _____
Home Phone _____ Cell Phone _____

Allergies

Medication _____
Insects _____
Food _____
Plants _____

Special Conditions _____

Additional Comments and Instructions _____

Transportation

Transportation is available for those who do not have the means to transport their child to and from the church building

My child needs transportation. (Bus Release and Conduct Expectations Form must be completed)

The above information is correct as far as I know, and the person herein has permission to engage in all activities except as noted. I request that my son/daughter participate as stated above, and I relieve Grace Bible Church, their staff, or volunteers of ANY responsibility in the event that my child is injured in any way, even injury resulting in death.

Name of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

*A copy of this form shall be with the driver. Original is to be maintained in the church office.