



2018 VBS Registration Form

Pioneer Memorial Presbyterian Church
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Participant's Name _____ Preferred Name _____

Participant's Gender _____ Participant's Date of Birth _____ Age _____

Grade (for the 2016-17 school year) _____ T-Shirt Size _____

Parent/Guardian Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Phone Number _____

Work _____ Work _____

Cell _____ Cell _____

E-mail _____ E-mail _____

Person responsible for picking child up if other than parent/guardian

Name _____ Phone _____

EMERGENCY CONTACT INFORMATION

Name _____ Name _____

Relationship to child _____ Relationship to child _____

Phone _____ Phone _____

Home Faith Community (if any) _____

Siblings Attending VBS _____

ONE friend my child would like to be grouped with (must be same age group) _____

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Medical Information & History

Participant's Name _____ Preferred Name _____

Participant's Gender _____ Participant's Date of Birth _____ Age _____

Allergies _____

Medications _____

Medical Conditions _____

Other _____

Physician Name _____ Clinic _____ Number _____

Dentist Name _____ Clinic _____ Number _____

MEDICAL AUTHORIZATION

I give my permission for full participation in Pioneer Memorial Presbyterian Church VBS 2018. In the event that any of the other Emergency Contacts listed cannot be contacted, I hereby give my permission to the adult leaders in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature of parent/guardian: _____ **Date:** _____

PHOTO CONSENT

I give my consent for Pioneer Memorial Presbyterian Church to use or reproduce any photographs in which my child may appear solely for the purposes of publicity and promotion of it's current and future events, activities, or programs in print and/or on the Pioneer Memorial Presbyterian Church website (www.pioneersolon.org).

Signature of parent/guardian: _____ **Date:** _____

HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in registering yourself and/or your child/ward for participation in the above program, you will be waiving and releasing all claims for injuries you and/or your child/ward might sustain arising out of the above program.

I recognize and acknowledge there are risks of injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which my child/ward and/or I may sustain as a result of participating in any activities connected with and/or associated with any such program(s). I waive and relinquish all claims my child/ward and/or I may have against Pioneer Memorial Presbyterian Church and its officers, servants, volunteers, and employees as a result of participating in the above program. I hereby fully release and discharge Pioneer Memorial Presbyterian Church and its officers, servants, volunteers, and employees from any and all claims of injuries, damage, or loss which my child/ward and/or I may have or which may accrue to me/and/or my child/ward on account of my participation or the participation of my child/ward in the above program. I further agree to indemnify and hold harmless and defend Pioneer Memorial Presbyterian Church and its officers, servants, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me and/or my child/ward and arising out, connected with, and/or in any way associated with the activities of the program.

I have read this waiver and understand my signature is required below in order to participate in Pioneer Memorial Presbyterian Church's Vacation Bible School Program.

Signature of parent/guardian: _____ **Date:** _____