

West Zion Mennonite Church

Registration Form

Vacation Bible School

Please read carefully and fill in all blanks. By signing this form you may give up certain legal rights. Consent is required for participants under the age of 18.

Child's Name	Boy/Girl	Birthdate:	Age:	Completed Grade:	Allergies, Medications, Conditions?

Parent/Guardian Name(s): _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone #: _____ Cell #: _____ Email: _____

Emergency Contact Information: (Name): _____ (Number): _____

Home Church (if applicable): _____

How did you learn of VBS at West Zion? Banner Newspaper Friend Church
Poster Mailout Website

Please list anyone other than yourself who is authorized to pickup your child(ren) from VBS:

I/we, the parents or guardians named below, authorize West Zion Mennonite Church to use photos/videos taken of my child(ren) during the week of VBS for the sole purpose of using it for a slide show for the closing program of VBS and/or to show to the West Zion congregation. Yes No

I/we, the parents or guardians named below, authorize one of the West Zion Mennonite Church Ministry Volunteers to sign a consent form for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant(s) named above.

I/we, named below, undertake and agree to indemnify and hold blameless the Ministry volunteers, West Zion Mennonite Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant(s) named above as a result of being part of the activities of the West Zion Mennonite Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or travelling to events of the West Zion Mennonite Church.

Signature of Parent/Guardian: _____

Printed Name: _____ Valid for these Dates: **July 2019**

West Zion Mennonite Church is collecting and retaining this personal information for the purpose of enrolling your child/youth in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish West Zion Mennonite Church to limit the information collected, or to view your child's information, please contact us.