



4609 US Highway 80 Savannah, GA 31410 \* 912-897-3351 \* islandsassembly@gmail.com

## Mega Sports Camp VBS Registration

June 19-23; 9am – 5pm; Ages 6-13

Cost- \$20 (\$15 for sbilings)

### Participant Information

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Other Siblings at VBS: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Allergies: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Home Church: \_\_\_\_\_

Medical Conditions, if any: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Contact #s: \_\_\_\_\_ (please provide 2)

Parent/Guardian E-mail: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician Contact #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

### Medical Authorization

As the parent/guardian of \_\_\_\_\_, I give permission to Islands Assembly to provide emergency medical treatment or transport my child for emergency medical treatment to the facility listed above.

### Parent/Guardian Signature

\_\_\_\_\_  
\_\_\_\_\_(DATE)



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## RELEASE/PICKUP AUTHORIZATION

I understand that participants of VBS will not be permitted to leave with anyone other than the person(s) I have listed below.

Name(s): \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Name(s): \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Signature of Person Picking up Child \_\_\_\_\_

## LIABILITY RELEASE

In consideration of Islands Assembly of God allowing the above child(ren) to participate in Vacation Bible School activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Islands Assembly of God, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School.

Furthermore, we (I) [and on behalf of our (my) minor child(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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## **Photo/Video/Social Media Release**

I hereby grant permission for my child(ren) to appear in photographs or videos taken or recorded during Vacation Bible School at Islands Assembly. I furthermore understand that the photos and videos may be posted to social media for Islands Assembly public and internal applications.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_