



FAMILY REGISTRATION FORM

Emergency Contact During VBS:
NAME: _____
PHONE: _____

PLEASE PRINT First & Last Name

CHILD's NAME: _____ AGE: _____ GRADE GOING INTO: _____
CHILD's NAME: _____ AGE: _____ GRADE GOING INTO: _____
CHILD's NAME: _____ AGE: _____ GRADE GOING INTO: _____
CHILD's NAME: _____ AGE: _____ GRADE GOING INTO: _____

ADDRESS: _____

CITY: _____ ZIP: _____

VBS Picture will be sent to this Email Address:

PHONE: _____ EMAIL: _____

DO YOU ATTEND A LOCAL CHURCH: Y/N NAME OF CHURCH: _____

I (*the undersigned*) do hereby release Life Way Community Church and its affiliates of all responsibility due to accident or physical injury that could occur in ordinary 2011 VBS play. I accept full responsibility for my child's/children's (*listed above*) behavior and actions. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Life Way Community Church on the basis of any claim from which I have released them herein.

Parent/Guardian Signature _____ Date _____

PARENT/GUARDIAN NAME(S): (Please Print) _____

PICK UP – Monday Noon

Sign in – Tuesday AM

PICK UP – Tuesday Noon

Sign in – Wednesday AM

PICK UP – Wednesday Noon

Sign in – Thursday AM

PICK UP – Thursday Noon

We Care About Your Child's Safety!