

GRACE BAPTIST CHURCH

2475 McCLEARY DRIVE, CHAMBERSBURG, PA 17201

Mailing Address: 3492 Turnberry Drive, Chambersburg, PA 17202-8140

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Web Site: www.gbcchambersburg.org

VACATION BIBLE SCHOOL REGISTRATION AND CONSENT FORM

I, the undersigned parent(s) or guardian(s), hereby consent to my child, _____, who is ____ years of age, participating in the activities connected with the Vacation Bible School to and from and at Grace Baptist Church in Chambersburg, PA, an activity sponsored by Grace Baptist Church of Chambersburg, PA on the following date(s): August 11-16, 2008. I understand that this activity will include the following: classroom, crafts, recreation, refreshments, and picnic activities. I certify that my child is able to participate in any and all of these activities. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event that an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, as determined by church officials, I hereby give permission for my son/daughter, as named on this form, to be treated by qualified medical personnel (doctor, hospital, ambulance, etc.) selected by the Group Leader in charge. I certify that my child is able to participate in the youth programs other than any restricted activities listed below. As such, I release and hold harmless Grace Baptist Church of Chambersburg, PA and its agents, employees, and volunteers from any and all liability in connection with my child's participation in the described activities.

Please print your responses to the following and sign.

Minor's Name: _____
Last First Middle

Street Address: _____

City: _____ State: _____ Zip: _____

Parent's/Guardian's Name: _____

Known Allergies: _____

Physical Handicaps/Disorders/Diseases: _____

Restricted Activities & Physical Restrictions: _____

Telephone numbers where the parent or guardian may be reached in an emergency:

Home: _____ Cell: _____

Name of alternate contact if parent or guardian cannot be reached: _____

Home: _____ Cell: _____

Parent or Guardian Signature

Date