

MAKER FUN FACTORY VBS 2017

REGISTRATION FORM AGES 3 - 11

Name: _____ Age: _____

Address: _____ City: _____ ZIP _____

Email: _____

Phone: (____) _____ Date of birth: _____

Last grade completed: _____

Print Parent(s)/Guardian Name(s) _____



IN CASE OF AN EMERGENCY, A PARENT/GUARDIAN WILL BE NOTIFIED IMMEDIATELY. LIST (AT LEAST) 2 CONTACT NAMES & NUMBERS

Allergies or other medical conditions/special needs: ___ N/A OR LIST:

Home church: _____

BY SIGNING THIS REGISTRATION, YOU AGREE (please check)

___ YOUR CHILD HAS PERMISSION TO PARTICIPATE IN THIS PROGRAM

___ TRANSPORTATION IS PARENT'S RESPONSIBILITY,

- LIST OTHERS WHO CHILD MAY BE RELEASED TO:

___ TO RELEASE ALL SAINTS' CHURCH, IT'S VOLUNTEERS, AND THE DIOCESE OF CENTRAL FLORIDA OF ANY LIABILITY FOR PERSONAL INJURY OR DAMAGED/LOST PERSONAL BELONGINGS DURING THIS PROGRAM.

___ YES, ALL SAINTS' CAN USE CHILDS' IMAGE ON SOCIAL MEDIA (ie. website)

OR

___ NO, DO NOT USE CHILDS' IMAGE ON SOCIAL MEDIA

PLEASE INSTRUCT YOUR CHILD:

___ TO SHOW COURTEOUS/RESPECTFUL BEHAVIOR
(OR PARENT WILL BE CALLED TO PICK UP CHILD)

___ NOT TO BRING ANY VALUABLES, (CELL PHONES, ELECTRONIC GAMES, JEWELRY, ETC.)

___ WEAR APPROPRIATE CLOTHING AND CLOSED TOED SHOES

PARENT /GUARDIAN SIGNATURE _____