SonForce Kids VBS

Covenant Presbyterian Church
July 9-13, 2007
9am – noon

Please circle one: 4 years old Kinder 1st

2nd 3rd 4th

Grade they are entering

Name_____ Circle: Boy or Girl
Date of birth: _____Age_____
Address_____City_____Zip_____
Church you attend_____
How did you hear about our VBS?_____

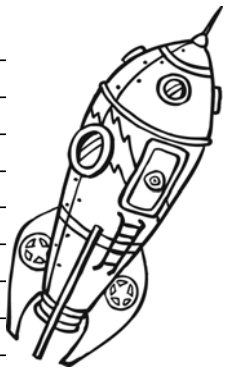
Photo/Video Release

During the VBS program, photographs and/or videos are taken of the children. These photographs and videos will be used at the VBS closing program, in worship services, and for promoting VBS. The pictures are the sole property of CPC. Please sign below and state your desire as to the use of these pictures.

_____**Yes**, pictures and/or videos of my child may be used.
_____**No**, do not use pictures and/or videos of my child.
Parent's/Guardian's Name (printed)_____
Parent's/Guardian's Signature _____Date_____

Childhood Ministry Permission Release

I give permission for my aforementioned child to join in the activities of Covenant Presbyterian Church. In the event of an emergency, I hereby authorize an adult leader of the activity, as an agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis; treatment, and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at the doctor's office or in any hospital. I understand I will be contacted as soon as possible.



Parent's/Guardian's Name (printed) _____
Parent's/Guardian's Signature _____Date_____
Phone (home)_____(work)_____(cell)_____
Emergency contact name_____
Emergency contact phone number_____
Hospital preferred_____
Allergies or other conditions that may limit activities_____
_____Medication(s)_____
Physician's name/number_____
Dentist's name/number_____

Please return this form to the VBS registration table in the narthex or the church office.