

FAIR LAWN BIBLE CHURCH

11th Street & Hopper Avenue, Fair Lawn
(201) 797-0242 www.fairlawnbible.org

VACATION BIBLE CAMP REGISTRATION

Child Info

First Name: _____ Last Name: _____

Age: _____ Grade Entering: _____

Birthday: _____

Address: _____

City: _____ State: _____ Zip Code: _____

ALLERGIES: _____

Parent / Guardian:

First Name: _____ Last Name: _____

Mobile Phone: _____

Email: _____

EMERGENCY CONTACT:

First Name: _____ Last Name: _____

Mobile Phone: _____

Home Church: _____

Additional Comments / Requests: _____

Photo Permission for church website only.

Yes No

Parent/Guardian Signature: _____

Please complete the waiver on back

Fair Lawn Bible Church
VACATION BIBLE CAMP

VBC Liability Waiver

As the parent or legal guardian of _____ (print name of child), I hereby give permission for my child to participate in the Fair Lawn Bible Church VBC Program. I understand that Fair Lawn Bible Church is a nonprofit charitable institution, which is voluntarily presenting this program for my child, other participants, and the community. I also understand that the program has activities that can involve physical contact with other participants, the ground or equipment, and that there is a resulting risk of physical injury to my child.

I have explained these risks and benefits of participating in this program to my child and my child is in proper physical condition and has no existing injuries or conditions that could jeopardize his/her safety or health, or the safety or health of the other participants.

I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child's participation in the Fair Lawn Bible Church VBC Program, whether or not resulting from negligence, and I agree not to sue Fair Lawn Bible Church, its representatives, staff, or volunteers on any such claim. I also give permission for the staff, representative, or volunteers of Fair Lawn Bible Church to administer first aid or to seek medical care for my child during my child's participation in the program, including transportation of my child to a medical facility for additional treatment that appears necessary.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____