Presbyterian Church of Milford

PO Box 531 Milford, NJ 08848 www.milfordpresbyterian.org 908-995-2481



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Paid: \$	
Check #:	

July 18 thru July 22, 2016

VACATION BIBLE SCHOOL

9:00am - 11:30 a.m.

Hosted by the Alexandria, Frenchtown & Milford Presbyterian Churches \$10 per child, \$30 maximum per family.

REGISTRATION Part I: PARENT/GUARDIAN INFORMATION Parents' Name: **Email Address:** Phone (home): (cell): Street Address: Member of Church City, State, Zip Part II: EMERGENCY CONTACT INFORMATION **Relation:** Phone: Name: Part III: STUDENT(S) classes offered for children entering Preschool until 5th grade in September 2016 Name: Date of Birth: Grade Allergies or **Other Medical Conditions** (Sept. 2016) PART IV: PHOTO RELEASE I grant permission to The Presbyterian Church of Milford and its Vacation Bible School staff or local media personnel to take photographs or videos of my child(ren) the week of July 18, 2016. I acknowledge that these photos and videos may appear in, but are not limited to, the church's newsletter, church website, church publications, and/or the local newspaper(s) and media. PART V: DISCLAIMER AND LIABILITY I hereby release, waive, and discharge The Presbyterian Church of Milford and its officers, employees, agents, and volunteers from all liability, loss, claims, demands, and other expenses arising from any lawsuit that may otherwise accrue from any loss, damage, or injury to me, my child(ren), or my child(ren)'s property connected with my child(ren)'s attendance at VBS. PART VI: CONSENT TO MEDICAL TREATMENT In the event my child(ren) become ill or injured, I give my permission for a representative of The Presbyterian Church of Milford to take whatever steps are reasonably necessary to render emergency first aid. (Parent) Signature Date

I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, I AM LEGALLY AUTHORIZED TO SIGN ON BEHALF OF THE STUDENT(S), AND CONSENT TO PARTS 1-VI OF THIS REGISTRATION.

RETURN THIS FORM WITH PAYMENT OF \$10 PER CHILD TO THE ADDRESS LISTED ABOVE