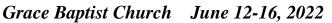
## VBS ENROLLMENT FORM 2022





To whom it may concern,

As the parent or legal guardian, I with my signature do hereby assert, that in the emergency during the time that my child is under the supervision of Grace Baptist Church (GBC) Staff - I give permission to (GBC) staff and/or their designee, who is present at the event, to authorize medical treatment for my child.

I also give my permission for the physician and/or hospital selected to hospitalize, treat, or to otherwise procure proper and appropriate treatment for my child. I fully understand that I am responsible for any bills related thereunto. In addition, I hold GBC, and all church representatives harmless of any and all liability related to any injury incurred during my child's involvement in any Vacation Bible School event.

Child's Name (print l		
Address: (Street, City, State & Zip):		
<u>( ) -                                  </u>	Male or Female	
Telephone Number Age	(circle one)	
Grade just Completed (if School Age):	Birthdate:	
• • • • • • • • • • • • • • • • • • • •		
Church You Attend		
Medical History (allergies, etc):		
		_
		_
		_
		_
	( ) -	
Person to contact in case of emergency	Telephone number	
Relationship to Child:	_	
		C