

# Registration, Waiver & Medical Release Form

Please print and complete this form for each child attending and mail to:  
**CHURCH OF THE REDEEMER**, 717 N. Stapley Dr., Mesa, AZ 85203  
or email to: office@churchredeemeraz.org by Monday, June 5th.

## VACATION BIBLE SCHOOL June 12th - 16th from 9:00am till 12:15pm

Child's Name (please print) \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home and Cell Numbers \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Does your child have any severe allergies? (i.e. bee stings, food, penicillin, etc?)  NO  YES

If yes, please explain \_\_\_\_\_

Does your child have any life-threatening conditions?  NO  YES If yes, please explain

\_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our volunteers should be aware of?  NO  YES If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Is your child currently taking medications?  NO  YES If yes, please list the medication/s and reason \_\_\_\_\_

\_\_\_\_\_

Precautions are taken for the safety and health of your child, but in the event of an accident or sickness, Church of the Redeemer, its staff, and its volunteers are hereby released from liability. In the event that your child requires special medical treatment, every effort will be made to contact the parents/guardians as quickly as possible.

I/We also give permission to use pictures that may be taken of my child/children during the Vacation Bible School to be shared with the public.

Our VBS is free but we would appreciate any child appropriate prizes (\$10 to \$20) you might donate.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date