**Team Jesus**

**Park Avenue Missionary Baptist Church**

**Rev. L.E. Campbell, Pastor**

1910 Martin Luther King Blvd Riverside, CA 92507

 (951) 684-8782

 **Vacation Bible School**

 **REGISTRATION & PARENTAL WAIVER FORM**

**Please Print**

Ages 2-and up

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy \_\_\_ Girl\_\_\_ Age\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: Cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Date of Birth: \_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you attend church? Yes \_\_\_ No \_\_\_   Church Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical or other information we need to know, please include any [**food allergies**](http://www.midwestbelieverschurch.org/templates/System/details.asp?id=33210&PID=453983): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Persons authorized to pick up a child must show identification and relationship to the child.**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of emergency, contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Families with Multiple children

 #2 Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy \_\_\_ Girl\_\_\_ Age\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_

Medical or other information we need to know, please include any [**food allergies**](http://www.midwestbelieverschurch.org/templates/System/details.asp?id=33210&PID=453983): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#3 Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy \_\_\_ Girl\_\_\_ Age\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_

Medical or other information we need to know, please include any [**food allergies**](http://www.midwestbelieverschurch.org/templates/System/details.asp?id=33210&PID=453983): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL RELEASE FORM** I, the parent/guardian of this registered child/ children hereby give permission for him/her to [**participate**](http://www.midwestbelieverschurch.org/templates/System/details.asp?id=33210&PID=453983) in [**Vacation Bible School**](http://www.midwestbelieverschurch.org/templates/System/details.asp?id=33210&PID=453983) at Park Avenue Missionary Baptist Church. I consent to his/her participation in the activities planned for this event and certify that he/she is physically able to engage in the event. I, do hereby authorize the officials of Park Avenue Missionary Baptist Church to contact directly the person named in this authorization, and do authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to

 (Physician’s Name) (Medical Ins.)

render such treatment as may be deemed necessary in an emergency, for the health of said child/ children. I hereby grant to the official in charge of Vacation Bible School the right to make emergency medical decisions for my child/ children in the event I cannot be reached. I understand and forever discharge Park Avenue Missionary Baptist Church, its staff and adult chaperones from any and all claims, demands, actions, or causes of action, past, present or future arising out of any damage or injury while participating in this event. I also understand that in the event that my child/ children becomes disruptive during Vacation Bible School, I will be notified by telephone regarding my child/ children’s behavior, and my child/ children may be removed from his/her assigned class. I am at least 18 years of age. I understand the above statement, and I am competent to execute this agreement. \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Initials**

**PARENTAL CONSENT AND RELEASE FOR PUBLISHING OR SHOWING MINOR CHILD’S STILL OR MOVING IMAGE** –

I, the parent/guardian of this registered child/ children, understand that from time to time, pictures are taken during the activities at Park Avenue Missionary Baptist Church, or under its direction, and then they are presented in various church-sponsored media. These include, but are not limited to: pictures, video productions, newsletters, TV programs, web casts, brochures, handbooks, programs and Internet web pages. This form is to notify you those meetings, events and activities (including worship and classroom settings) are considered public and they are video taped and photographed and used in the above listed manner. Further, on occasion a child’s image may be singled out and used as an identifiable image. In order for us to use an image of your child where they are not part of a larger group, we ask that you sign the waiver below to grant permission for us to use your child/children’s image. I hereby remise, release and forever discharge Park Avenue Missionary Baptist Church, its agents and employees from any liability for any injury or action against the above named minor resulting from the use of such pictures, video or other image in any medium utilized. This release includes that Park Avenue Missionary Baptist Church will not be responsible for other user’s reproduction, display, distribution or modification of the minor’s images in any manner, nor will Park Avenue Missionary Baptist Church be responsible for defamation, misrepresentation, criminal acts by any unauthorized use of Park Avenue Missionary Baptist Church images by third parties. I hereby release to Park Avenue Missionary Baptist Church all rights to copyright this work and or exhibit this work in print or electronic forms publicly or privately. I also permit them to market and sell copies as necessary. I waive any rights, claims or interest that I or my child may have concerning these images. I understand that I will not be compensated in any way for the use of my child/children’s photograph, whether it is a still or moving image. You have my permission to use my child/children’s image in the media types listed above, as well as any new media formats that are developed in the future. I am at least 18 years of age. I understand the above statement, and I am competent to execute this agreement. \_\_\_\_\_\_\_\_\_\_\_\_\_

 **Parent Initials**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL PERSONAL INFORMATION FOR EVERY PARTICIPANT OF VBS IS DESTROYED AT THE END OF THE WEEK. NO INFORMATION IS KEPT ON FILE AT PAMBC FOR ANY REASON.**