



335 Glyndon Ave.

Richmond, KY 40475
myrealchuch.org | (859) 623-4639

Child and Parent/Guardian Information

Date: _____

Child's Full Name (referred to as 'Registrant') _____

Grade Completed _____ Birthday _____ Age _____ Gender M /F

Parent/Guardian Full Name(s) _____

Email Address _____

Street Address _____ City _____

Home Phone _____ Cell phone _____ Email _____

Emergency Contact Information

Emergency Contact Person _____

Relationship to Registrant _____ Home phone _____

Cell phone _____

List people who you give permission to pick up your child (and their relationship to Registrant)

Medical Information – Please circle one.

Food Allergies? **Y / N** (Explain) Allergies to animals? **Y / N** (We will have a **Petting Zoo**)

Medical Concerns? **Y / N** (Explain)

Family Doctor _____ Doctor's phone _____

Siblings attending VBS (names and ages)

Transportation needed? (circle) **Yes / No** if so where from?

5:15 p.m. at Smith Village OFFICE | 5:40 p.m. in front of BUILDING #230 on Madison Avenue

Do you go to church anywhere? **Y / N** If so, where?





Release and Consent

Please read each of the following Release and Consent Statements and sign this form. **Your signature indicates your consent.**

Consent to Medical Treatment

As the Registrant, or if under the age of 18, the parent or legal guardian of the Registrant listed on this form, I give permission to Real Life Community Church to transport the Registrant to a physician or hospital and hereby authorize medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. Real Life Community Church personnel may administer prescription medication, as needed during the Event (*must be provided by me, the parent/guardian*), and I agree that if the Registrant has an illness on the day the Event begins that could be harmful to him/her or to others, he/she will not be allowed to begin the Event.

Initial _____

Consent to Participate in Event Activities

As the Registrant, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, specifically consent to the participation in all activities offered at this Event. This event being, Real Life Community Church's 2019 VBS, spanning multiple days. The main event is on Wednesday, Thursday, and Friday (*July 10th-12th*) evenings from the time that your child is signed in and checked into the event (*at the location of the church or at one of the three designated pick-up/drop-off areas*) until they are signed out and checked out of the event (*at the location of the church or at one of the three designated pick-up/drop-off areas*). Other Event Activities include the VBS Celebration Service on Sunday, July 14th from the time that your child is signed in and checked into the event until they are signed out and checked out of the event and separate pre-registration events on July 14th.

Initial _____

***Multimedia Usage** (*In extreme cases Real Life Community Church can accommodate the mandatory privacy needs of the Registrant. Must talk to event staff*)

By signing these permission forms, I hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other audio or visual reproduction in which the above named participant may appear by the church. I understand that these materials may be used for the promotional purposes, including recruitment and fund-raising efforts, or general publication (*website, Facebook, advertisements*). Promotion may include but is not limited to slide presentations, photo displays, Internet promotions, electronic multi-media or billboard display.

I agree that the photograph/image shall be free for use and release Real Life Community Church, its employees, volunteers and agents for any liability connected with the use of said photograph or image.

Initial _____

Event Rules

Possession of fireworks, firearms, fixed or switched blade knives and any other weapons, alcohol, tobacco products, marijuana, illegal drugs or other controlled substances or their imitations are strictly forbidden. Additional Event Rules are attached and incorporated by reference to this agreement.

Initial _____

Waiver and Release of Liability

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. In consideration for my child's participation, I and my child, agree and understand that we assume the risks inherent in the program, and with full knowledge of the risks, we, and our heirs, successors and assignees, agree to release and to hold harmless and defend the Real Life Community Church and all of their employees, volunteers and representatives from claims, from or related to my child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith.

Initial _____

I, _____ grant permission for my child, _____ to participate in this event. This event (*Parent or guardian's name*) _____ (*Child's/Registrant's name*) _____ will take place under the guidance and direction of church employees, contractors, and/or volunteers from Real Life Community Church. My child understands and agrees to abide by all rules and regulations established by Real Life Community Church, written and verbal. *Parent or guardian's*

Signature _____ Date _____

