



# 2024 Grace VBS Registration Form

June 11(Tue) - 14(Fri)

1. **1st Child** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Gender: M / F  
T-Shirt Size: XS S M L Adult Small  
Allergies or other medical conditions: \_\_\_\_\_
2. **2nd Child** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Gender: M / F  
T-Shirt Size: XS S M L Adult Small  
Allergies or other medical conditions: \_\_\_\_\_
3. **3rd Child** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Gender: M / F  
T-Shirt Size: XS S M L Adult Small  
Allergies or other medical conditions: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_  
Grace Church (Yes, 목사: \_\_\_\_\_) Other Church (Yes, Name: \_\_\_\_\_) Not attending \_\_\_\_\_  
Pickup Person's Name: \_\_\_\_\_

The undersigned gives permission to his or her child(ren) to participate in Vacation Bible School on June 11-14, 2024. Thereby releases and holds Grace Church, employees, volunteers and staff harmless from any liability for personal injury or bodily damage, loss or theft of personal property, abduction and even death. I hereby agree to release and completely discharge the Church, employees, volunteers and staff from all actions, causes of action, injuries, claims, damages, costs or expenses of any kind, caused by or related to any activities in which the minor participates. In the event of the minor suffering any injury or condition during his/her participation in the activities, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort of medical treatments is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint Grace Church Staff as my agent to act for me to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the Agent is first able to contact me.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing this registration form, you agree that any photographs taken of your child at or during this event are the property of Grace Church and may be used in the future publications as deemed appropriate.

Received By

Total Amount \$

Paid by Check / Cash

Your child(ren) are registered for 2024 VBS

Thank you! See you soon!