



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	Your child(ren) are registered for 2024 VBS
Total Amount \$	Thank you! See you soon!
Paid by Check / Cash	