



**Restored Glory Christian Center
Vacation Bible School Registration Form
July 25-29, 2016**



Child's General Information

Child #1:	_____	Age	Male Female	Medical Condition/ Allergy
Child #2:	_____	Age	Male Female	Medical Condition/ Allergy
Child #3:	_____	Age	Male Female	Medical Condition/ Allergy
Child #4:	_____	Age	Male Female	Medical Condition/ Allergy
Child #5:	_____	Age	Male Female	Medical Condition/ Allergy
Address:	_____			
City/State/Zip:	_____			

Parent/Guardian Information

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Cell _____ Other _____

Facebook: I Have A Facebook Account:

Emergency Contact

Name: _____ Telephone: _____

Name: _____ Telephone: _____

As the parent and legal representative of the above named student, I give my consent and permission for my child to participate in the activity listed above.

I understand and hereby agree to assume all of the risks, which may be encountered with my child's participating in the above named activities, including activities preliminary and subsequent thereto, including transportation to and from events. I do hereby agree to hold Restored Glory Christian Center and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release, waiver, and indemnity agreement, know the contents thereof, and I sign this document as my own free act. This is a legally binding agreement, which I have read and understand.

Parent/Guardian Signature

Date

MEDICAL CONDITIONS TO BE AWARE OF: _____
