

## Restored Glory Christian Center Vacation Bible School Registration Form



## **Child's General Information**

Child #2:         Age         Female Medical Condination         Allergy           Child #3         Age         Female Allergy         Male Medical Condination         Male Medical Condination         Male Medical Condination         Allergy	by the laws of the State of F notwithstanding, continue in hereto and the terms of this I further state that I have ca thereof, and I sign this docu understand.	n full legal force and effect. This release contains release are contractual and not a mere recital.  refully read the foregoing release, waiver, and incoment as my own free act. This is a legally binding	demnity agreemer		contents
Child #3:  Child #4:  Child #5:  Child #5:  Child #5:  Child #6:	by the laws of the State of F notwithstanding, continue in hereto and the terms of this I further state that I have ca thereof, and I sign this docu	n full legal force and effect. This release contains release are contractual and not a mere recital. refully read the foregoing release, waiver, and inc	demnity agreemer		contents
Child #3 Child #3 Child #4 Child #5 Age Child #5 Age Child #5 Age Child #5 Age Child #6 Child #5 Age Child #6 Child #6 Child #6 Age C	by the laws of the State of F notwithstanding, continue in	n full legal force and effect. This release contains	the entire agreem		·
Child #3 Child #3 Child #3 Child #4 Child #5 Child #6 Child #5 Child #6 Child #6 Child #6 Child #7 Child #6 Chi		lorida and that if any portion thereof is held invali	d, it is agreed that	the balance	shall,
Child #2:         Age         Female Male Medical Condit           Child #3         Male Female Allergy         Male Medical Condit           Child #4         Male Female Allergy         Male Medical Condit           Child #5         Male Medical Condit         Allergy           Address:         Male Female Allergy           City/State/Zip:         Female Allergy           Parent/Guardian Information         Name:           Address:         City/State/Zip:           Telephone:         Cell Other           Facebook:         I Have A Facebook Account:           I Femergency Contact         Telephone:           Name:         Telephone:    As the parent and legal representative of the above named student, I give my consent and permission for my child to	above named activities, indevents. I do hereby agree tall liability, actions, causes of which I now have or which	luding activities preliminary and subsequent there o hold Restored Glory Christian Center and its ag f actions, claims, expenses, and damages on ac	eto, including trans ents and employe count of injury to n	sportation to es, harmless ny child or pr	and from from any and operty,
Child #2:         Age         Female Medical Condination         Allergy           Child #3         Age         Female Allergy         Male Medical Condination           Child #4         Age         Female Allergy         Male Medical Condination           Child #5         Age         Female Allergy         Allergy           Address:         City/State/Zip:         Parent/Guardian Information           Name:         Address:         City/State/Zip:           Telephone:         Cell         Other           Facebook:         I Have A Facebook Account:         I Have A Facebook Account:           Emergency Contact         Telephone:         Telephone:	As the parent and legal rep	resentative of the above named student, I give n			
Child #2:         Age Female Male Medical Condinum         Allergy Male Medical Condinum           Child #3         Age Female Allergy Male Medical Condinum         Male Medical Condinum           Child #4         Age Female Allergy Male Medical Condinum         Male Medical Condinum           Child #5         Age Female Allergy         Allergy Medical Condinum           Address:         City/State/Zip:         Parent/Guardian Information           Name:         Address:         City/State/Zip:           Telephone:         Cell Other           Facebook:         I Have A Facebook Account:					
Child #2:         Age         Female Allergy           Child #3         Age         Female Allergy           Child #4         Age         Female Allergy           Child #5         Age         Female Allergy           Address:         Male Medical Condi           Address:         Male Medical Condi           Age         Female Allergy           Address:         City/State/Zip:           Parent/Guardian Information         Address:           City/State/Zip:         Cell           Telephone:         Cell           Other           Facebook:         I Have A Facebook Account:	,		one:		
Child #2:         Age         Female         Allergy           Child #3         Age         Female         Allergy           Child #4         Age         Female         Allergy           Child #5         Age         Female         Allergy           Address:         City/State/Zip:         Age         Female         Allergy           Parent/Guardian Information         Name:         Address:         City/State/Zip:         City/State/Zip:         Cell         Other					
Child #2:         Age         Female Allergy           Child #3         Age         Female Allergy           Child #4         Age         Female Allergy           Child #5         Age         Female Allergy           Address:         Age         Female Allergy           City/State/Zip:         Parent/Guardian Information           Name:         Address:           City/State/Zip:         City/State/Zip:	•			Otner	
Child #2:         Age         Female Medical Condi Male Medical Condi Age Female Allergy           Child #5         Age Female Allergy           Address:         City/State/Zip:           Parent/Guardian Information         Name:           Address:         Address:	•				
Child #2:         Age         Female         Allergy           Child #3         Age         Female         Allergy           Child #4         Age         Female         Allergy           Child #5         Age         Female         Allergy           Address:         City/State/Zip:         Female         Allergy           Parent/Guardian Information           Name:					
Child #2:         Age         Female         Allergy           Child #3         Age         Female         Allergy           Child #4         Age         Female         Allergy           Child #5         Age         Female         Allergy           Address:         City/State/Zip:         City/State/Zip:					
Child #2:  Child #3  Child #4  Child #4  Child #4  Age Female Allergy  Male Medical Condi  Medical Condi  Male Medical Condi  Age Female Allergy  Male Medical Condi  Male Medical Condi  Male Medical Condi  Age Female Allergy  Address:		ormation			
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Child #2:         Age         Female         Allergy           Male         Medical Condi           Child #3         Age         Female         Allergy           Male         Medical Condi	 Child #5		Age		Medical Condition
Child #2:         Age         Female         Allergy           Male         Medical Condi           Child #3         Age         Female         Allergy	Child #4		Age		Medical Condition Allergy
Child #2: Age Female Allergy	Child #3		Age	Female	Allergy
Male Medical Condi			Age	Female	Allergy
Child #1: Age Female Allergy	Child #2:		Age		Allergy Medical Condition