First Presbyterian Church, Granbury

Child’s Name: Male Female Address: Zip:

Phone #: Age: Birth Date: (Month) (Day) (Year) School Grade COMPLETED Church Home:

Parent or Guardian Name: Phone:

Parent or Guardian: Phone:

Emergency Contact: Phone: Who can pick up this student? Relationship:

 Relationship: Brothers and Sisters: \_\_\_\_\_\_\_\_ Age:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

 During VBS I can be reached at: Phone:

DOES CHILD HAVE: (YES/NO) If yes, explain. Diabetes

Allergies (Name)

Asthma

Does child have any other medical condition or other concerns that the staff should know?

I give my permission for my child’s picture (no names) to be on the website Facebook and other social media websites approved for use by First Presbyterian Church Yes No

How did you hear about this event? (Announcement in church, News & Notes, Website, Facebook, Friend, or Other?)

PERMISSION TO PARTICIPTE AND RELEASE OF LIABILITY

I give permission for my, above named child, to participate in activities at First Presbyterian Church Granbury, and consent and agree to hold harmless First Presbyterian Church, their agents, employees, or volunteer assistants from all claims that I or they might have arising out of my child's participation.

In case of emergency, I give my authorization to provide whatever emergency care is necessary

for my child’s safety and assume primary responsibility for payment.

Date: Signature: