



# CAMPUS CHURCH

## Vacation Bible School Registration

July 7–11, 2019 • 6:15–8:30 p.m.

**Please bring this completed form with you to register.**

Child's Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent or Guardian's Name(s) \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

Home Church  Campus Church  Other \_\_\_\_\_

I would like to be notified of future Campus Church community events.

**List any allergies, special needs, or concerns.**

\_\_\_\_\_  
\_\_\_\_\_

**List person(s) who may pick up your child.**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_

### Campus Church Waiver

I indemnify and save Campus Church, Pensacola Christian College, Inc., its employees, and agents harmless from any liability or medical payments from my child(ren)'s participation in Vacation Bible School. I further understand that Campus Church and Pensacola Christian College do not provide medical insurance coverage for my child(ren) and that any medical expenses incurred will be paid by either my own medical insurance or me. I hereby grant permission for my child(ren) to participate in Vacation Bible School.

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's printed name