



**CAMPUS
CHURCH**

VACATION BIBLE SCHOOL REGISTRATION

June 10, 17, 24 & July 1, 8, 15 - 6:30-8 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.

How did you learn about us? _____

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