

**Lake Osborne Presbyterian Church Vacation Bible School**  
**June 8<sup>th</sup> – 12<sup>th</sup>, 2009      8:30 am to 12:00 pm**

**REGISTRATION AND PERMISSION RELEASE FORM**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

Physical Handicaps and Limitations \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

We will be having a lunch for VBS children and their parents on the final day of VBS.  
Please indicate if you can attend and the number attending.

Yes, we will attend lunch \_\_\_\_\_      No, we will not be able to attend lunch \_\_\_\_\_

I hereby release Lake Osborne Presbyterian Church, its staff and sponsors, from liability for any injury or illness that my child may sustain during any activity. In the event of an emergency, I hereby authorize an adult leader of any activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I assume the responsibility for the cost of such treatment. I expect to be contacted as soon as possible.

I hereby understand that my child will immediately be sent home or retrieved by myself at my cost if found to have any alcohol, tobacco products, illegal drugs or has been a disciplinary problem on this activity.

I hereby understand that this permission form applies to any Lake Osborne Presbyterian activity.

**Signature of Natural Parent or Legal Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**In consideration to the other children we ask that you do not send your child if he or she is sick.**