



Registration Form

(one form per family)

Name(s) and age(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____ Cell phone: _____

Home email address: _____

Number of family members participating in Babylon VBS: _____

Will parents be helping in other areas of Babylon VBS? _____ Where? _____

In case of emergency, contact: _____
Name and phone number



Allergies or other medical conditions: _____

Home church: _____

Name of a special friend your child might like to be with: _____

Tribe name (for church use only): _____

**Vacation Bible School:
Release Form Liability, Medical Emergency, and Photo Release**

By signing this form you are consenting to put your greatest treasure into our care, which is our honor and pleasure. We will do everything we can to keep your child safe and sound as we participate in Vacation Bible School ("VBS"). For each activity we keep in mind safety considerations and emergency procedures so that if anything unfortunate happens we will be ready. However, there are times when unforeseen circumstances beyond our control do occur, and the statements below are intended to protect the congregation and staff of Salem Church in those situations.

In consideration of your accepting my child for participation in VBS, I hereby, for my heirs, executors, administrators, and myself waive and release any and all rights and claims for damages that I may have against Salem Church and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of VBS sponsored by the above named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above named organization harmless of and from any and all liability of whatever nature, which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above named organization for damages arising out of the above named program, activity or sport, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage, occasioned thereby, including attorney's fees.

By signing below I give permission to treat my child in case of a medical emergency. By signing below, I also give permission to Salem Church to use photographs, videos, and other recording, likenesses and images in promoting other activities sponsored by the church.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Student Name #1: _____

Student Name #2: _____

Student Name #3: _____

Student Name #4: _____

Parent/Guardian Signature: _____

Please return signed form to:

Salem Church
4881 Salem Church Road, Waynesboro, PA 17268
salemchurch@pa.net

Date: _____