



VACATION BIBLE SCHOOL

Family Registration Form [PLEASE PRINT LEGIBLY]

Pioneer Bible Church
P.O. Box 36/6851 Mt. Aukum Rd
Somerset, CA 95684
(530) 620-4859

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name

Parent/Guardian Home Phone

Physical Address

Parent/Guardian Cell Phone

City

State

Zip

Parent/Guardian Work Phone

Mailing Address

Parent/Guardian email

City

State

Zip

CHILD'S INFORMATION

Child's First & Last Name	Age / Grade Next School Year	Allergies/Medications	Current Immunizations
1			Y or N
2			Y or N
3			Y or N
4			Y or N
5			Y or N

Adults 18 years and older authorized to pick up my child(ren) from Pioneer Bible Church VBS

First Name

Last Name

Relationship

Day Time Phone #

EMERGENCY CONTACT:

First Name

Last Name

Relationship

Day Time Phone #

Home Church

Special needs

RELEASE OF LIABILITY, PHOTO RELEASE, CONSENT TO MEDICAL TREATMENT

Initial each box next to the consent to indicate that you have read and understand its contents.

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1) Release of liability: I, for myself, my minor child and for the child's other parent(s) and/or guardian(s), will assume full responsibility for any Accident/Medical insurance needed to cover my child in case of injury or illness, including but not limited to exposure to the flu and/or Covid-19. While my child is attending Vacation Bible School I will not hold Pioneer Bible Church or any employees, volunteers, representatives or board members associated with Pioneer Bible Church responsible in any manner for injury and or/illness. By signing this I hereby agree to release and indemnify Pioneer Bible Church, the owners of the facility, volunteers, staff and representatives and their heirs from and against all claims, liabilities, damages to person or property arising from or in connection with the participants in the program.

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2) Consent to Medical Treatment: In the event my child becomes ill or injured, I give permission for a representative of Pioneer Bible Church to take whatever steps are reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to insure the health and welfare of my child including, but not limited to, x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital transport and care and administration of drugs or medicine under the care of a license physician and/or surgeon.

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3) Photo Release: I give permission for my child's photo, which may be taken during Awana activities, to appear on the church website www.pioneerbiblechurch.org or church administered Facebook page or to be used for publicity or display purposes.

By signing this I acknowledge that I have read and understood the information on this form and I give consent for my child to participate in the Pioneer Bible Church Vacation Bible School Program.

Parent/Guardian Signature

Date