

Outrigger Island

VBS 2008

Vacation Bible School Registration
Infants thru 4 year olds

Child's Name: _____ Boy Girl

Class in which your child belongs: Infant Toddler 2s 3s 4s

Birth date (m/d/y): _____ Age: _____

Parent Information: **Where parent will be each day:** _____

Parent's Name: _____

Emergency Contact Information:

Street Address: _____

Name: _____

City, St, Zip: _____

Phone: _____

Phone: _____

Relationship: _____

Special Instructions and/or Allergies: _____

Church Affiliation: _____

Please note: You must be working at VBS or attending the Women's Class to have a child under 3 in the VBS program. If it becomes apparent that you are not working at VBS or that you have left the campus, we will ask that you refrain from bringing your child to VBS for the remainder of the week.

**Please enclose the nonrefundable registration fee for children ages 2 through 4:
\$20 until July 13; \$25 after July 13**

Method of payment: Cash Check (payable to WBC)

I am interested in the Women's Class.

"Three Strikes" Behavior Policy

To ensure that all children are able to get the most out of VBS, we will strictly enforce a "three strikes" behavior policy. Any child who seriously misbehaves three times during the week will be asked not to return for the remainder of VBS. We sincerely hope that we will not have to exercise this policy, but are prepared to do so if we must.

Waiver Form

I (we) understand that no individual is allowed in the gymnasium for either a recreational activity or in an athletic or team activity without supervision by an AUTHORIZED ADULT.

Whether as a participant in a recreational activity or team athletic activity of WBC facilities, I (we) recognize and acknowledge that there are certain risks of physical injury to my child(ren). I (we) agree to assume the full risk of any injuries, damages, or loss which may be sustained as a result of participating in any and all activities connected with or associated with such programs at WBC.

I (we) further agree to waive and relinquish, to release and discharge all claims resulting from injuries, damages and losses sustained by me to my child (ren) and arising out of, in any way associated with the activities of WBC programs, and to indemnify, hold harmless and defend the WBC and its officers, pastors, members and employees of any claims.

I have read and fully understand the above statements of this form, and do hereby empower the Authorized Adult Supervisor to secure and authorize any and all medical attention necessary to the well-being of the participant.

Parent or Guardian Signature: _____

(required - signature indicates acceptance of behavior policy)