

# Outrigger Island

VBS 2008

Vacation Bible School Registration  
Kindergarten thru Sixth Grade

Child's Name: \_\_\_\_\_  Boy  Girl

Fall 2008 Grade:  K  1st  2nd  3rd  4th  5th  6th

Birth date (m/d/y): \_\_\_\_\_

**Parent Contact Information:**

**Emergency Contact Information:**

Parent's Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Special Instructions and/or allergies: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

**Please enclose the nonrefundable registration fee:**

**\$20 until July 13; \$25 after July 13**

Method of payment:  Cash  Check (payable to WBC)

I'd like to help with VBS, please call me.

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)