

Providence Baptist Church
2018 Daily Vacation Bible School Registration and Waiver Release Form

Monday June 25th through Friday June 29th

8:30AM – 12:00 Noon

DVBS is held at Charles Dickens- Corlett School
13013 Corlett Avenue, Cleveland, Ohio 44105

*Parents please have children arrive by 8:30 a.m. for Check-in/Registration

Student's Name (Last, First)	Age	Birthdate

Adult Student or Parent(s)/GuardianName(s) _____

Address _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Parent e-mail address _____

The undersigned do(es) hereby give permission for myself or my (our) child(ren): (List child(ren) name(s),

to attend and participate in Providence Baptist Church's "Daily Vacation Bible School" during the period of **June 25 – June 29, 2018.**

LIABILITY RELEASE: In consideration of Providence Baptist Church allowing the above child(ren) to participate in Vacation Bible School activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Providence Baptist Church, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Daily Vacation Bible School.

Furthermore, we (I) [and on behalf of our (my) minor child(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein. As well as releasing the child(ren) if necessary for transportation to and from the Daily Vacation Bible School location. We(I), the undersigned, do hereby release, forever discharge and agree to hold harmless Providence Baptist Church, directors, employees, volunteers and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and

hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

PHOTO/PICTURE PERMISSION: I (we) give my (our) consent to Providence Baptist Church to use photo or video images taken of my (our) child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless Providence Baptist Church from any liability which may result from the use of said picture(s). This form will apply throughout my (our) child(ren)'s tenure at Providence Baptist Church's DailyVacation Bible School. **None of the photos to be taken will be for personal use.

Parent/GuardianSignature _____ **Date** _____

Medical Insurance: YES ____ NO ____

InsuranceCompany: _____ **Policy/GroupID#** _____

Allergies or Medical Conditions: *(If more than one child list each separately)*

Date of last tetanus shot *(Each child)* _____

Activity restrictions: _____

Emergency Contact person & phone #s in case parent/guardian cannot be reached:

Name: _____

Phone #s: _____

Adult Student or Parent/GuardianSignature _____ **Date** _____

Note: All information will remain confidential to DVBS Staff.

Please return all completed Registration/Permission/Waiver forms to:

Providence Baptist Church
Attn: Daily Vacation Bible School
Phone: (216) 991-5315
12712 Kinsman Road, Cleveland, OH 44120
info@pbcoc.org