



# GraceFirst VBS 2019

## Grades K-6<sup>th</sup> (as of Fall 2019)

### June 3-7, 9:00-11:45am

Date Received
Amount Received
Check Number
<b>CD</b>

#### Family Information:

Parent or Guardian Name:		Home Church:	
Street Address:		City:	Zip:
Cell Phone:	Work Phone:	Home Phone:	
Home Email:		How did you hear about us?	
Emergency Contact:	Relationship:	Phone:	
Please list and designate any special health, allergy, or learning considerations for each child:			

#### Child Participant Information:

Participant Name	Birthday	Age	Grade (Fall 2018)	T-Shirt size	\$10/child
<b>\$5 VBS music CD (1 free per family)</b>					
<b>\$30/family maximum (checks payable to GraceFirst)</b>					<b>Total:</b>

**\*Photo Release:** I understand that my child(ren) whose name(s) are listed above may be photographed and/or filmed while participating in VBS Activities. I understand that these photos/videos may be used in classroom crafts, online photo albums, and the VBS program video.

**\*Medical Consent:** I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend events being organized by GraceFirst Church. If child experiences a medical situation, every effort will be made to contact the legal guardians first. In the event the legal guardians are not available and the child needs medical attention, this consent form gives permission to see whatever medical attention is deemed necessary and releases GraceFirst Church and its staff of any liability against personal losses of named child. We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release GraceFirst Church, its ministers, employees, agents, and volunteer workers from any and all loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by GraceFirst Church, I/we agree to hold such person free and harmless of any claims, demands, or suits of damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to GraceFirst by 6/2. 14725 E Harry, Wichita, KS 67230 (316)733-5058