



Wednesday, Thursday & Friday
 July 21 - July 23, 2021
 6:00 - 8:30 p.m.

GRADES: K4 - 6th

Child's Last Name: _____, First Name: _____

Male/Female Date of Birth: _____ Last Grade Completed: _____

Address: _____ Phone: _____

Parent/Guardian Last Name: _____, First Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian Last Name: _____, First Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Describe any allergies, medical or special needs your child has: _____

Activities: I authorize my child to participate in all VBS activities/games at N.C.P.C. INITIAL HERE _____

Publicity: I authorize NCPC and it's volunteers to take pictures of my child during VBS. I also authorize the possible use of pictures in newsletters, church websites and for other promotional/informational usage. INITIAL HERE _____

Medical Custody Release: I authorize the VBS Leadership of NCPC to seek and authorize medical attention in the event my child needs medical care for emergency or normative reasons. I understand a first call will be made to the parents/guardians, however, if contact cannot be made on first call, assistance will be authorized by the Church's VBS leaders. INITIAL HERE _____

Release of Liability: I understand there are risks associated with all activities, even VBS activities. I agree not to hold NCPC or any of its leadership liable for any harm that may accidentally occur through the normal course of VBS. I understand the leadership of the church will make every reasonable attempt to provide a safe and caring environment for my child. INITIAL HERE _____

Photo and Video Release: I give permission to use photographs and/or video recordings of my child on the church's websites and/or in publications, including social media, or for any other similar purpose without compensation. INITIAL HERE _____

Other Emergency Contacts: (listing a person indicates they are approved to pick up your child).

1. Name: _____ Relationship: _____

Primary phone #: _____ Other #: _____

2. Name: _____ Relationship: _____

Primary phone #: _____ Other #: _____

Final Approval: As the parent/guardian of this child, I agree to all of the above.

Signature: _____ Date: _____

Print Name: _____

Print and fill out form. Email completed form to office@newcovenantpres.org or bring to church office.

