



FBCV VACATION BIBLE SCHOOL 2019 July 8-12, 2019

YOUTH's NAME _____

PARENT/GUARDIAN NAME(s) _____

PHONE _____ EMAIL _____

MAILING ADDRESS _____

EMERGENCY CONTACT, NUMBER and RELATIONSHIP _____

SCHOOL GRADE NEXT FALL (2019-2020) _____ and AGE AS OF SEPT. 1, 2019 _____

DO YOU REQUIRE TRANSPORTATION? YES NO

HOW DID YOU LEARN ABOUT FBCV VBS? _____

ALLERGIES/MEDICAL CONDITIONS _____

My signature below authorizes in the case of emergency (after attempting to reach my emergency contact) finding appropriate medical attention for my child.

HOME CHURCH _____

PROMOTIONAL RELEASE: I hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child may appear by First Baptist Church of Vienna. I understand that these materials are being used for promotion of the ministry of this church. I release First Baptist Church of Vienna from any liability connected with the use of picture or voice recording as part of any promotional or recruitment program.

SIGNED (parent/guardian) _____

DATE _____



FIRST BAPTIST CHURCH
OF VIENNA