

VACATION BIBLE SCHOOL AT THE GRANT COUNTY FAIR GROUNDS
June 28-July 2, July 5-8, 2021 10:00 - noon

Registration Form

Date: _____

Name: _____ Age _____ Allergy: Y/N _____

Name: _____ Age _____ Allergy: Y/N _____

Name: _____ Age _____ Allergy: Y/N _____

Name: _____ Age _____ Allergy: Y/N _____

Name: _____ Age _____ Allergy: Y/N _____

Name: _____ Age _____ Allergy Y/N _____

Parent/Gaurdian Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Emergency Medical Release: In case my child is in need of emergency care, I give my permission as a parent or legal guardian to the staff to secure emergency treatment for my child or children named above.

Permission is hereby granted to the Good News Outreach NW, allowing photographs or videos to be taken for illustrative and promotional purposes. Yes or No (Please circle one)

Parent/Guardian Name Printed: _____

Signature _____ **Date:** _____

Emergency phone number while child is under our care: _____

Name and **phone number** if parent cannot be reached: _____

Name of person taking children to/from VBS: _____