



VACATION BIBLE SCHOOL REGISTRATION

CHILD'S NAME: _____ AGE: _____

BIRTH DATE: ___ / ___ / _____ GRADE GOING INTO: _____

PARENTS' NAMES: _____

ADDRESS: _____

CITY /STATE/ ZIP: _____

PHONE(S) WHERE PARENT CAN BE REACHED: () _____ () _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE: () _____

ALLERGY/ HEALTH CONDITIONS: _____

An option to swim in the Mt. Zion Pool will be offered daily during Bible School. A Certified Lifeguard will be on duty during all swim periods. On the first day, each child must pass a basic swim test to participate. Parents are asked to inform staff if their child's need to wear a flotation devise. Girls must wear one piece swimwear.

Mt. Zion and Hill Country Chapel do not assume any financial responsibility but does wish to provide the best emergency service. By signing below you are giving the appropriate personnel authority to call EMS or to obtain medical care if you can not be reached.

I hereby grant permission for emergency medical care to be given by the attending physician and/ or personnel. I also give permission for EMS to be called and for my child to be transported as deemed necessary by personnel.

I hereby release Mt. Zion and Hill Country Chapel or any of its staff responsible for any accident that might befall my child caused by negligence or disobedience on the part of the child. I realize in the event of disciplinary action, I will be responsible for providing transportation to my home from the church facility.

My child has my permission to attend and participate in the Hill Country Chapel Bible School Program July 20-24, 9:00 AM to 12:15 PM daily.

PARENT SIGNATURE: _____ DATE: _____

MY CHILD: MAY _____ MAY NOT _____ PARTICIPATE IN SWIMMING