2023 Shipwrecked On Spirit Island VBS Registration Form

August 7-11, 2023—6:00—8:00pm

Participant Name		Birth date & Age
Parent/Guardian Name (s)	Home Phone #	Work Phone #
Mailing Address	City	State Zip
Email address	T-Shirt Size	Grade in School In Fall
Medical Information		
Insurance Company	Policy#	Ins. Phone #
Policy Holder Name	Policy Holder DOB	Relationship to Student
Emergency Contact Name	Home Phone #	Cell Phone #
2023 hosted by First Covenant Church volunteers, or agents may need to ad illness, or other health condition or in and secure any needed medical atten including hospitalization, if in the age other medical personnel to administe arise, I agree to pay all fees and costs agents of First Covenant Church from I recognize that First Covenant Church participant home due to illness, injury	(s) or legal guardian(s) of	urch, its ministers, leaders, employees, cal treatment as a result of an accident, igents of First Covenant Church to seek love or me, if I am a participant, nission for attending physician(s) and g surgery. If a situation like this should lent and agree to hold harmless the teers, or agents may need to send a nderstand that if the above child is
rrinted Parent/Guardian Name (s)		
Signature of Parent/Guardian		Date Signed
Pleas	e return this form to the church	office.

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Allergies/Medical Conditions/Medic	rations	
Medical Treatment, Transportation I/we the undersigned, are the paren name), a minor, and have given my/ 2023 hosted by First Covenant Churc volunteers, or agents may need to a illness, or other health condition or i and secure any needed medical atte including hospitalization, if in the ag other medical personnel to administ arise, I agree to pay all fees and cost agents of First Covenant Churc I recognize that First Covenant Chur participant home due to illness, injur	& Liability Waiver t(s) or legal guardian(s) of our consent for him/her to attend Shipwrec ch. I/We understand the First Covenant Chu idminister first aid or seek emergency medi injury. I do hereby give my permission for a ention or treatment for the minor named ab gent's opinion, such need arises. I give perm ter any needed medical treatment, including ts from this action to obtain medical treatmen	urch, its ministers, leaders, employees cal treatment as a result of an accider agents of First Covenant Church to see love or me, if I am a participant, nission for attending physician(s) and g surgery. If a situation like this shoul lent and agree to hold harmless the letters, or agents may need to send anderstand that if the above child is
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