Russ VBS Registration 2019		
Name		
Circle: Male Female Age Date of Birth		
Grade entering August 2019 _(circle one) K 1 2 3 4 5 Name of parents or legal guardian:	;	
Address		
City		
State Zip		
Cell Phone		
Email Address		
Home Church		
l give consent to use any photographs taken of my child during VBS 2019 for promotional use. YES NO My child may be sent home with the following person(s):		
List Allergies or other medical conditions (Put NA if child has no allergies):	-	
Emergency contact number:		
Physician's Name:		
Physician's Phone:		
Preferred Hospital:		
Preferred Hospital: In case of emergency, I understand that every effort will be made to contact parent and/or legal guardian. However if someone cannot be reached, I hereby give consent to have my child taken to a hospital for immediate medical care and/or treatment that is required.	e	

VBS Registration 2019

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Emergency contact number:	Emergency contact number:
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Signature of parent or legal guardian	Signature of parent or legal guardian