LIFT Vacation Bible School/Day Camp Registration & Medical Release Form - July 16th - 20th, 2018 "This Changes Everything"

"For by grace you have been saved through faith, and this is not your own doing; it is a gift of God"

E	Early Drop Off 8:10, Pres	school age 9 -		Kindergarten - 6 th gro	ıde 9 - 4
Child's	Name	Nick Na	me (if desir	ed)	
Age	Gender: Male _	Female_		Grade Entering	
	Home Church (if applicable)				and the second
	Allergies				
	Medical Issues or Special Needs				
	It would be nice if my child was placed in the same group as (child's name)				
	Parent Name				
	Address				
	City	State	Zip		
	Cell Phone #	Home Ph	one #		
	Email	- Aller - Alle			
	Emergency Contact	Ph	one #		
	Alternate Pickup Name	A	ternate Pick	cup Phone	
he eve	I Release: I give my permission for the nt of an injury. I understand that the nd all expenses for such emergency:	e staff will contac	t emergency		
aken a waive a	Release: I hereby grant the event hose this event of the minor designated my right that I may have to inspect or unction therewith, or the use to whice	above in any mar r approve the fini	ner of form shed produc	for any purpose lawful at a	ny time. I
underst	sion to Attend: I give permission for and the information I give for this retration information will be removed	gistration will on	y be used b	y the event hosting church,	
	Par	ent/Guardian Sig	nature		Date
	Bringing people tegether to	200			

_ We are in need of extended pickup by 5:15p.m.