



# 2023 VBS REGISTRATION

NEW TESTAMENT BAPTIST CHURCH

12199 Claridon-Troy Rd, Chardon, OH 44024

(440) 635-0823

**Vacation Bible School: Sun., July 30th – Thurs., Aug. 3rd, 2023 - 6-8:30 P.M.**

Name of Child (Ages 4-12, must be potty trained)

#1 \_\_\_\_\_ CIRCLE M/F AGE \_\_\_\_\_

#2 \_\_\_\_\_ CIRCLE M/F AGE \_\_\_\_\_

#3 \_\_\_\_\_ CIRCLE M/F AGE \_\_\_\_\_

#4 \_\_\_\_\_ CIRCLE M/F AGE \_\_\_\_\_

#5 \_\_\_\_\_ CIRCLE M/F AGE \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ phone \_\_\_\_\_

**\*Please list any allergies or medical conditions we need to know about for your child. Use the space below, list child's name if you have more than one child registered.**

\_\_\_\_\_

In the event of an emergency, I hereby authorize The New Testament Baptist Church and any staff or volunteers to take any steps necessary to obtain emergency medical care for my child. I release The New Testament Baptist Church and any staff or volunteers from financial liability for emergency medical care. \_\_\_\_\_

Parent/guardian signature

I hereby release The New Testament Baptist Church from any liability for injury or damages suffered by the above child and hold harmless The New Testament Baptist Church, all staff, and volunteers for claimed or asserted injury or damage to my child. I understand that this release is a contract. I also hereby state that I am the parent or guardian of the minor(s) whose name(s) appear above.

\_\_\_\_\_  
Parent/guardian signature