



July 15-19, 2019 9:00am-12:00pm Ages 4-12

Only \$5.00 per child, which covers t-shirt and all materials. (Registration fee is non-refundable.)

Please print/fill-out this registration form and return it to the COBC main office.

- Adult volunteers are the key to a successful VBS, even with all of our teen helpers. Please consider helping during VBS week. The
 more helpers we get, the more enjoyable the week is for everyone involved.
- NOTE: 6th graders (entering 7th grade in the Fall) are invited to attend VBS, but not serve as workers.

Allergies or special needs?

- Junior high students (entering 8th or 9th grade) and 13 year olds may apply as workers if a parent volunteer will supervise them.
- High school students are also welcome to volunteer, but they must complete an application and interview.
- Please fill out the "Consent and Hold Harmless Form" and the "Consent to Treat Minor" sections on the back of this form.

Names of Parent(s) or Guardian(s):							
			Ar	e you availabl	e to help during VBS?	Y/N	
Last Name	First Name(s)						
Address:							
	Street	City			Zip		
Home Phone:		Cell:E-mail_					
Child #1	Boy or Girl (circle one)	Name of Home Chur	ch:				
Name:		D.O.B	_/	/	Age	_	
Allergies or s	special needs?						
Child #2	Boy or Girl (circle one)	Name of Home Chur	ch:				
Name:		D.O.B	_/	/	Age	_	
Allergies or s	special needs?						
Child #3	Boy or Girl (circle one)	Name of Home Chur	ch:				
Allergies or s	special needs?						
Child #4	Boy or Girl (circle one)	Name of Home Church:					
Name [.]		DOB	1	/	Age		

ONSENT AND HOLD HARMLESS AGREEMENT			
rinted name of parent/guardian) being the parent or legal			
(print names of children)			
d/children to participate in Vacation Bible School at Country Oaks 019 from 9:00am-12:00pm each day.			
ty will take all reasonable safety precautions, and that the exist. I further agree not to hold Country Oaks Baptist Church, its ble for damages, losses, diseases, or injuries incurred by the			
om the following activities (specify the minor(s) and activity):			
Date:			
MINOR			
minor child/children listed above, I do consent to any x-ray, agnosis or treatment that may be deemed necessary for my mino e efforts to contact me prior to treatment were unsuccessful. In the cy, I give permission to the activity leader to make the decisions no activity leader available, I give permission to the attending			
responsible for the health care decisions for my minor child and try plan to pay for dental, medical, or hospital care or treatment untry Oaks Baptist Church will be used as the secondary			
Date:			