



## Country Oaks Baptist Church VBS 2019 Child Pre-Registration

**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:** 6<sup>th</sup> graders (entering 7<sup>th</sup> grade in the Fall) are invited to attend VBS, but not serve as workers.
- Junior high students (entering 8<sup>th</sup> or 9<sup>th</sup> 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):

\_\_\_\_\_ Are you available to help during VBS? Y / N  
Last Name First Name(s)

Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

|                             |                              |                            |
|-----------------------------|------------------------------|----------------------------|
| <b>Child #1</b>             | Boy or Girl (circle one)     | Name of Home Church: _____ |
| Name: _____                 | D.O.B. _____ / _____ / _____ | Age _____                  |
| Allergies or special needs? |                              |                            |

|                             |                              |                            |
|-----------------------------|------------------------------|----------------------------|
| <b>Child #2</b>             | Boy or Girl (circle one)     | Name of Home Church: _____ |
| Name: _____                 | D.O.B. _____ / _____ / _____ | Age _____                  |
| Allergies or special needs? |                              |                            |

|                             |                              |                            |
|-----------------------------|------------------------------|----------------------------|
| <b>Child #3</b>             | Boy or Girl (circle one)     | Name of Home Church: _____ |
| Name: _____                 | D.O.B. _____ / _____ / _____ | Age _____                  |
| Allergies or special needs? |                              |                            |

|                             |                              |                            |
|-----------------------------|------------------------------|----------------------------|
| <b>Child #4</b>             | Boy or Girl (circle one)     | Name of Home Church: _____ |
| Name: _____                 | D.O.B. _____ / _____ / _____ | Age _____                  |
| Allergies or special needs? |                              |                            |

## PARENT/GUARDIAN OF A MINOR CONSENT AND HOLD HARMLESS AGREEMENT

I, \_\_\_\_\_, (*printed name of parent/guardian*) being the parent or legal guardian of:

\_\_\_\_\_ (*print names of children*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

hereby give my consent for my minor child/children to participate in Vacation Bible School at Country Oaks Baptist Church the week of July 15-19, 2019 from 9:00am-12:00pm each day.

I understand that the leaders of this activity will take all reasonable safety precautions, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Country Oaks Baptist Church, its leader, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor(s) listed on this form.

Please exclude my minor child/children from the following activities (*specify the minor(s) and activity*):

\_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

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## PARENT CONSENT TO TREAT A MINOR

Being the parent of legal guardian of the minor child/children listed above, I do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child/children in the event that reasonable efforts to contact me prior to treatment were unsuccessful. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child/children.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for dental, medical, or hospital care or treatment that is given to my child. Any policy of Country Oaks Baptist Church will be used as the secondary coverage.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_