

**WINFIELD BIBLE CHAPEL WILDERNESS ESCAPE REGISTRATION FORM**

EMAIL ADDRESS: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

CHILD'S GENDER: MARK ONLY ONE OVAL.    M    F

CHILD'S AGE: \_\_\_\_\_ CHILD'S DOB \_\_\_/\_\_\_/\_\_\_\_\_

GRADE GRADUATED IN SPRING 2022

MARK ONLY ONE OVAL.

K 1ST 2ND 3RD 4TH 5TH 6TH

NAME(S) OF PARENT(S): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

PARENT/CAREGIVER'S CELLPHONE: (\_\_\_\_) \_\_\_\_\_

HOME CHURCH: MARK ONLY ONE OVAL.

WINFIELD BIBLE

N/A

OTHER: \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT...

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ALLERGIES OR OTHER MEDICAL CONDITIONS: \_\_\_\_\_

BY SIGNING BELOW I REQUEST THAT MY CHILD BE PERMITTED TO PARTICIPATE IN THE WINFIELD BIBLE CHAPEL VBS PROGRAM. I AGREE TO HOLD HARMLESS WINFIELD BIBLE CHAPEL OR ANY OF THEIR AGENTS IN THE EVENT OF ACCIDENT, ILLNESS (TO INCLUDE COVID-19), INJURY, OR DEATH, WHICH MAY OCCUR DURING ANY AND ALL ACTIVITY. I ALSO GRANT PERMISSION TO PHOTOGRAPH/VIDEO MY CHILD FOR USE IN REPRESENTING WINFIELD BIBLE CHAPEL SUCH AS (BUT NOT LIMITED TO) OUR BULLETIN BOARD, FACEBOOK PAGE, & WEBSITE).

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

WOULD YOU LIKE TO ORDER A T-SHIRT FOR YOUR CHILD? (\$10 COST, PAYABLE ON THE FIRST NIGHT OF VBS) IF SO, PLEASE SELECT THE APPROPRIATE SIZE BELOW... MARK ONLY ONE OVAL.

YXS   YS   YM   YL   ADULT-S   ADULT-M   ADULT-L   ADULT-XL