

West Concord Union and Trinity Episcopal Churches present:
Habitat For Humanity – The Second Story! - Vacation Bible School Registration Form

Monday June 29 to Friday July 3, 2009

8:30 to noon

Trinity Episcopal Church, 81 Elm Street, Concord, Massachusetts!



YES! I am entering Kindergarten up to grade 6 this school year, and I want to attend Vacation Bible School from June 29 – July 3, 2009.

YES! I am entering 7th grade or older and want to be a helper!

YES! I am an adult who will be a leader!

For more information please contact

Janice Yancy 978-369-3715, Ext 16 or Chris Porth at 978 369-6309.

Please complete both sides and mail this registration/medical release by **JUNE 14** to

Trinity Episcopal Church Office, 81 Elm Street, Concord, MA attn: VBS

\$50 per child fee (scholarships available!!).

Make checks payable to Trinity Episcopal Church

Indicate VBS 2009 in the memo space.

Please complete the following information for everyone in your family who is attending VBS at Trinity Episcopal Church, Concord, Massachusetts.

This health and safety record is correct so far as I know for all of the individuals listed. The persons below have permission to engage in all prescribed activities, except as noted by me. In the event that I or the family physician cannot be reached in an emergency, I give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or order injection or surgery for any of the persons listed below

Parent/Guardian Signature: _____

Address: _____

Date: _____

Child's Name _____ DOB: ____ / ____ / ____ AGE: __ M __ F ____

Child's Name _____ DOB: ____ / ____ / ____ AGE: __ M __ F ____

Child's Name _____ DOB: ____ / ____ / ____ AGE: __ M __ F ____

I am bringing a friend with me. My friend's name is _____

In the event of an emergency contact: _____ PHONE: (_____) _____

Name of personal physician: _____ PHONE: (_____) _____

Personal health/accident insurance carrier: _____ PolicyNo.: _____

Any condition requiring medication? _____ If YES, please explain: _____

Any medical restrictions? _____ If YES, please explain: _____

I, as the parent/guardian of the participant(s), hereby assume all risk and hazard incidental to participation in any and all Trinity Episcopal Church and West Concord Union Church activities with the 2008 VBS, and I hereby waive, release, absolve, indemnify, and agree to hold harmless the organizers, sponsors, supervisors, leaders, participants, and organization owners of Trinity Episcopal Church and West Concord Union Church, as well as persons transporting my child to and from activities for any claim arising out of injury to my child(ren).

This consent also includes specific permission hereby granted to the adult supervisors and leaders of Trinity Episcopal Church and West Concord Union Church to make medical decisions with respect to said minor child(ren) in the event of accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decision, and to administer medication when required.

Parent/Guardian _____ date _____

