



Registration Form

for
VBS at Kirkwood Presbyterian
July 7-11, 2025
9 am - 12 pm

Child's name: _____ Child's age: _____

Siblings also attending VBS and ages*: _____

Address: _____

Name of parents: _____

Parents' phone numbers: _____

Who is picking up your child each day? _____

Allergies: _____

Does your child require an asthma inhaler, epi-pen, etc? Please explain: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

We'll be spending time outdoors each morning. You may want to apply bug spray or sunscreen before arriving. You may also want to send a reusable water bottle with your child each day. We will play water games on Thursday at the end of the day. Send in a change of clothes if you don't want to take home a wet child. **Drop off and pick up will occur in the Middle Fellowship Hall.** Please join us for lunch on Friday, July 11 from 12 - 1pm.

*Each child needs their own Waiver and Release Form (on back), but you only need to fill the front out once per family unless one child has more specific medical needs that need to be detailed.

Turn this form into the offering plate or email to kirkwoodpc@kirkwoodpc.org by July 1.



Child's Name: _____

*****Kirkwood Presbyterian Church Vacation Bible School Waiver & Release Form*****

618 Acworth Due West Rd NW, Kennesaw, GA 30152

Medical Information:

In case of an emergency, what medical facility should we have your child transported to?

Physician's Name: _____ Physician's Phone: _____

Consent and Release:

I, the undersigned, being the parent or legal guardian of the above-named child, hereby give my full consent and permission for my child to participate in the Vacation Bible School (VBS) program at Kirkwood Presbyterian Church.

I understand that all reasonable safety precautions will be taken by the leaders and volunteers of the VBS program. However, I am fully aware of the potential risks involved in such an activity and hereby release, waive, discharge, and covenant not to sue Kirkwood Presbyterian Church, its officers, directors, employees, agents, volunteers, and all other persons associated with the church (collectively "the Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the Released Parties or otherwise, while participating in the VBS program or in any related activity.

Medical Treatment Authorization:

In the event of an emergency where medical treatment is required, I hereby authorize the VBS leaders or volunteers to obtain necessary medical treatment for my child. I also understand that I will be notified as soon as possible in the event of any emergency affecting my child.

I agree to be responsible for any and all costs associated with the medical treatment of my child.

Photo/Video Release:

I grant permission for Kirkwood Presbyterian Church to take photographs and/or video recordings of my child during VBS activities and to use these images in promotional materials, including but not limited to social media, websites, and printed materials. I understand that no personal identifying information will be used without additional consent.

Acknowledgement and Signature:

I acknowledge that I have carefully read this waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Kirkwood Presbyterian Church and its associated persons, and I sign it of my own free will.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Thank you for your cooperation and understanding.

This waiver and release form is essential for ensuring the safety and well-being of all participants. Please feel free to contact kirkwoodpc@kirkwoodpc.org with any questions or concerns.