

Living Out Love **INSIDE OUT**

July 10-13 • 10am-2:30pm

K - 5th Grade, Pre-K Only w/Parent Volunteer

Until June 4 - \$50, After June 4 - \$80

1. Student Name: _____

Grade Completed: _____

Birthdate: _____

Age: _____

T-shirt Size (Check):

S (6-8): _____

M (10-12): _____

L (14-16): _____

Allergy/Health Concerns: _____

2. Student Name: _____

Grade Completed: _____

Birthdate: _____

Age: _____

T-shirt Size (Circle):

S (6-8): _____

M (10-12): _____

L (14-16): _____

Allergy/Health Concerns: _____

3. Student Name: _____

Grade Completed: _____

Birthdate: _____

Age: _____

T-shirt Size (Circle):

S (6-8): _____

M (10-12): _____

L (14-16): _____

Allergy/Health Concerns: _____

Parent/Guardian Name: _____

Can you help with VBS?

YES: _____

NO: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Work Phone: _____

Emergency Contact & Phone: _____

Medical Release Statement

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event that I cannot be reached through reasonable efforts, I hereby give my permission to the physician selected by the program director to secure proper treatment or to hospitalize, to order injections, anesthesia, or surgery for my child. On behalf of the parents/guardians I further agree that I will not hold the Seattle Community Church, their agents or employees, responsible for any accident or injury.

Signature of Parent/Guardian:

Date: _____