

**Coventry Church of the Brethren
2019 VBS Registration**

Accepting registrations through **July 21 online** (coventrycob.org) or **July 22 in person**.

Name: _____ **Shirt size:** _____

DOB: _____ Grade completed: _____ Male Female

Name: _____ **Shirt size:** _____

DOB: _____ Grade completed: _____ Male Female

Name: _____ **Shirt size:** _____

DOB: _____ Grade completed: _____ Male Female

(SPECIFY CHILD)

Allergies/Medical Info: _____

Parent #1 Name: _____

Address: _____

Phone: _____ Email: _____

Parent #2 Name: _____

Address: (IF DIFFERENT) _____

Phone: _____ Email: _____

Parent/Guardian (print name): _____

I, the parent or legal guardian of the above named, allow him / her to attend VBS. I recognize the risk involved in activities and will not hold Coventry CoB, its staff or volunteers, responsible for any personal injury that might occur to my child while participating in this program. I authorize a staff member or volunteer from the church to seek and obtain such emergency or medical services for my child as deemed necessary at the time.

Parent / Guardian Signature: _____

Emergency Contact #1: _____ Phone: _____

Relationship to Child/Children _____

Emergency Contact #2: _____ Phone: _____

Relationship to Child/Children: _____

Name(s) of those who may pick up your child / children (other than parents):

Church you regularly attend if any: _____

_____*I give _____ *I DO NOT give my permission for my child/children to appear on
Coventry Church of the Brethren's website, facebook page and/or other promotions.

Parent/Guardian Signature: _____