

Dunkirk Baptist Church

Developing a passionate relationship with Jesus Christ. Building intentional relationships within the community. Communicating the love of God in practical ways.

VBS Activity Participation Form - July 13-17, 2009 9am – 4pm

My child has selected the following **activity** for the week during elective time: Check **one**:

___ Crafts (Grades K-2) ___ Crafts (Grades 3-6) ___ Musical (Grades 4-6)
___ Recreation (Grades K-2) ___ Recreations (Grades 3-6) ___ Judo (Grades 1-6)

**Pre-K has other classroom activities planned for the elective time.

I the undersigned agree with all the information and terms provided on this form:

- I give permission for my son or daughter named on this form to participate in the VBS program and related physical activities.
- I understand that my child will not be excused from activities, unless agreed upon by the VBS director before hand.
- I give permission for my child to receive emergency medical treatment while in the care of Dunkirk Baptist Church.
- I understand that physical injuries sometime occur in sporting activities and will not hold Dunkirk Baptist Church or any instructor liable for any personal injury.

Name: _____ Date of Birth: _____
 First **Middle** **Last**

Parent/Guardian Name: _____
 First **MI** **Last**

Address: _____
 Street **City** **State** **Zip**

Telephone #s: Home: _____ Work: _____ Cell: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Tel #: Home: _____ Work: _____ Cell: _____

Please list any allergies or other special medical concerns: _____

Please provide the following Medical Insurance Information:

Insurance Company: _____ Policy#: _____ Group#: _____

Name of the Insured: _____
 First **Middle** **Last**

*Parent / Guardian Signature: _____ Date: _____