

2025 VBS Registration Form
July 21-24 2025, 9:00am-Noon
Chattaroy Community Church

#1 Child's name _____

Gender: M F Age _____ Grade **going into** _____

Allergies/Concerns _____

#2 Child's name _____

Gender: M F Age _____ Grade **going into** _____

Allergies/Concerns _____

#3 Child's name _____

Gender: M F Age _____ Grade **going into** _____

Allergies/Concerns _____

#4 Child's name _____

Gender: M F Age _____ Grade **going into** _____

Allergies/Concerns _____

Mailing Address _____

City _____ State _____ Zip _____

Parents/Guardian (please print) _____

Phone _____

Emergency contact Name/Phone _____

Home Church _____

Please use the back if you need to add more names. Thanks!

I hereby give my permission for my child(ren) (named above) to attend and participate in Chattaroy Community Church VBS and any special activities and events planned for VBS.

I do herewith authorize emergency treatment be given if necessary only after a reasonable effort has been made to reach us/me the parent(s) or guardian.

I, the undersigned do hereby release and agree to hold harmless the VBS Leadership and Chattaroy Community Church from any and all liabilities or claims for personal injury or illness which may be incurred by my child while attending and participating in VBS and its activities and special events.

I understand and hereby grant Chattaroy Community Church, its staff and leaders permission, that, while my child is participating in approved VBS activities, photographs and videotape of my child may be taken for use in promoting VBS and its activities within Chattaroy Community Church. I further release Chattaroy Community Church and its staff and leadership from any and all claims that I may have against them as a result of my child's picture being used in promoting VBS within Chattaroy Community Church. (Will NOT be placed on social media.)

Parent/Guardian Signature: _____ Date: _____