



# VBS Registration Form

Parents' Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact (other than parent) \_\_\_\_\_

Child(ren)'s Name

Child(ren)'s age

Allergies

Child(ren)'s Name	Child(ren)'s age	Allergies



Have questions? Scan the QR code for contact information.





# Vacation Bible School: Release Form Liability, Medical Emergency, and Photo Release

By signing this form you are consenting to put your greatest treasure into our care, which is our honor and pleasure. We will do everything we can to keep your child safe and sound as we participate in Vacation Bible School ("VBS"). For each activity we keep in mind safety considerations and emergency procedures so that if anything unfortunate happens we will be ready. However, there are times when unforeseen circumstances beyond our control do occur, and the statements below are intended to protect the congregation and staff of Anglican Church of the Holy Spirit in those situations.

In consideration of your accepting my child for participation in VBS, I hereby, for my heirs, executors, administrators, and myself waive and release any and all rights and claims for damages that I may have against Anglican Church of the Holy Spirit and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of VBS sponsored by the above named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above named organization harmless of and from any and all liability of whatever nature, which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above named organization for damages arising out of the above named program, activity or sport, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage, occasioned thereby, including attorney's fees.

By signing below I give permission to treat my child in case of a medical emergency. By signing below, I also give permission to Anglican Church of the Holy Spirit to use photographs, videos, and other recording, likenesses and images in promoting other activities sponsored by the church.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Student Name #1 \_\_\_\_\_

Student Name #2 \_\_\_\_\_

Student Name #3 \_\_\_\_\_

Student Name #4 \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date



Please return signed form to: Anglican Church of the Holy Spirit  
c/o Darcien Balog, 6401 E 2nd St, Suite F, Prescott Valley, AZ 86314  
OR after printing completed file as a pdf, submit to [achs@achspv.com](mailto:achs@achspv.com).