



Registration Form for Jungle Journey VBS at Temple Hill Baptist Church

Parent or Guardian's Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Church: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

(We will mainly be communicating through email for this event.)

*Person(s) to whom child(ren) should **NOT** be released: _____

Emergency Information

Emergency Contact (if parent cannot be reached)

Name: _____ Phone: (____) _____

Relationship to Child: _____ Email: _____

As parents and/or guardian, I herewith authorize treatment under the direction of any licensed physician of the following minor (s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number(s) listed above.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Temple Hill Church of any liability therefore. I also understand that ALL medications will be reported to the designated sponsor prior to departure including dosage and frequency of use.

Signature: _____ Date: _____

Parent/Guardian Signature

Photo Release

I understand that photographs, sound recordings, and/or video recordings of my child(ren) may be taken during Temple Hill Baptist Church events, and that this material may be published or displayed in nonprofit publications (including website, photos, videos, Facebook, brochures etc.) without limitation, reservation, or compensation.

Signature: _____ Date: _____

Parents/Guardian Signature

****See other side for Child(ren) information sheet****



Child Information

Child #1 (Name)	M or F	Birthday (MM/DD/YY)	Age	Grade (entering fall 2024)

Specific medical allergies, chronic illnesses, or other conditions:

Child #2 (Name)	M or F	Birthday (MM/DD/YY)	Age	Grade (entering fall 2024)

Specific medical allergies, chronic illnesses, or other conditions:

Child #3 (Name)	M or F	Birthday (MM/DD/YY)	Age	Grade (entering fall 2024)

Specific medical allergies, chronic illnesses, or other conditions:

Child #4 (Name)	M or F	Birthday (MM/DD/YY)	Age	Grade (entering fall 2024)

Specific medical allergies, chronic illnesses, or other conditions:
