



**McFERRIN VBS
FOR 3 YEAR OLDS-8TH GRADERS**

ONE FORM PER STUDENT PLEASE

McFerrin VBS Registration

June 1st-June 5th, 2015

Name_____ **Age**_____

Birth Date_____ **School grade just completed**_____

Street Address_____

Mailing Address (if different) _____

City_____ **State**_____ **Zip**_____

Home phone_____ **Mobile phone**_____ **Work phone**_____

Parent(s) Name(s)_____

Emergency Contact_____ **Phone**_____

Allergies or other medical conditions _____

Church attended regularly _____

Please circle T-shirt size Youth: 2-4 6-8 10-12 14-16 Adult: S M L XL

Will student need transportation? Yes _____ No _____

VISITORS: Which church member invited you? _____

E-mail address: _____

431 W Old Hickory Blvd
Madison, TN 37115

2015 VBS ACTIVITY
MEDICAL/PERMISSION FORM
McFerrin Missionary Baptist

I hereby give my permission for _____ to participate in all the student activities sponsored by the student ministry of McFerrin Missionary Baptist (MMB).

I understand the nature and risk level of activities in which this child will be a participant. I also give permission for the participant to ride on MMB owned vehicles. I authorize any staff member or chaperone of MMB to administer necessary first aid and/or procedure medically necessary at or from any licensed medical facility or physician's office. I also authorize the selected physicians and/or medical facility to provide such medical treatment as necessary for the above incurred on behalf of/or by the above participant. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. I do hereby release, absolve, and hold harmless MMB, its organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above-named youth arising out of the trip. In case of injury to my child, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I likewise release from responsibility any person transporting my child to and from the activities. I also understand my child will be held responsible for any damage to property caused by my child while attending any MMB sponsored event. If my child does not act according to the rules laid out by MMB, I will pick them up or pay for the transportation home from that activity.

Parent(s) Name _____

Medical Insurance Coverage _____

Policy Holder _____

Policy Number _____

Group Number _____

Person to be contacted if not parent(s) _____

Relationship _____ Phone Number (____) ____ - ____

Other comments / info regarding this participant (i.e., allergies, medications, etc.)

Signature _____

Date _____