Outrigger Island

Monday, June 16 – Friday, June 20
6:30 p.m. – 8:30 p.m.

VBS Pre-registration Form

If you will be attending as a family, please register everyone.
If you will not be attending as a family, please register each child.

Parent's Name: _____

Home Address: _____

Home Phone Number: _____

Email Address: _____

Emergency Contact Person: _____

Emergency Contact Phone Number: _____

Name (Include adults if you will be attending)	**Child's 07/08 Grade**	**Child's Birth Date**	**Allergies/ Conditions/ Medication**	**Attending Dinner?** (All/MTWHF)

We will be serving a light dinner from 5:45 p.m. – 6:30 p.m. each night. Please indicate how many will be attending dinner and which nights you plan to attend (All, M-Monday, T-Tuesday, W-Wednesday, H-Thursday, F-Friday).

Medical & Liability Release

In the event of sickness or other medical emergency, I request that my child(ren) receive any medical attention or treatment deemed necessary. Therefore I give permission to any hospital, doctor, and/or healthcare provider to transport, treat, and/or admit care for my child(ren). I understand that I am responsible for all expenses and charges for the treatment and care of my child(ren). In the event that I am not present at the time of the emergency or cannot be contacted, my child has been entrusted to the staff and designated ministry leadership of Memorial Church of Christ.

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Signature of Parent or Legal Guardian Date

Memorial Church of Christ
35475 Five Mile Road, Livonia, MI 48154
Office: 734-464-6722; Fax: 734-464-8216