

# VBS 2019 Adult REGISTRATION FORM

## Geneva Baptist Church

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Willing to receive text updates: YES NO

Any other Emergency Contact Name and # \_\_\_\_\_

I authorize, to consent any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis treatment is rendered at the office of said physician or at said hospital.

I understand I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned pursuant to this authorization. Should it be necessary to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

**As an adult, I understand the safety of all children is of utmost importance and therefore will consent to a background check on the separate form provided.**

### Permission to Use Photos on the Internet:

Before your photo can be displayed on our Church website, we must have your permission.

**I understand that my photo may be published on the web, Facebook, or blog pages, etc. of Geneva Baptist Church.**

\_\_\_\_ **Yes**, you may use my photo on Geneva Baptist Church website, Facebook, or blog, etc.

\_\_\_\_ **No**, you may NOT use my photo on Geneva Baptist Church website, Facebook, or blog, etc.

Transportation needed for VBS? Yes \_\_\_\_\_ No \_\_\_\_\_

Hospital Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Please list any allergies or special medical problems you may have. Put NONE, if you have no allergies.**

\_\_\_\_\_  
\_\_\_\_\_

**T-Shirt Size:** Circle one Adult small Adult Medium Adult Large Adult X Large Adult 2XL

Signature of Participant \_\_\_\_\_ DATE \_\_\_\_\_

VBS Dates: June 17<sup>th</sup>-21<sup>st</sup>, Supper at 5:30\* If you are coming from work and need to eat supper later than 5:30pm – please see the kitchen crew to have a carryout plate reserved. Thank you in advance.

Opening Assembly at 6:00. Closing assembly at 8:00. Released at 8:30.