



FIRST BAPTIST  
**SUNNY SIDE**  
RECHURCH

First Baptist Sunny Side V.B.S.

Registration/Release Form:

June 7th - 11th, 2021 From 9:00 am to 12:00 Noon

For Children 4 -11 years old

Email: [office.fbcss@gmail.com](mailto:office.fbcss@gmail.com). Web: [ssrechurch.com](http://ssrechurch.com) Phone: 770-227-7164

Camper's Name: \_\_\_\_\_ Grade Just Completed: \_\_\_\_\_ Birth date: \_\_\_\_\_

Camper's Street Address \_\_\_\_\_ City \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_ : Cell \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_ : Cell \_\_\_\_\_

Email \_\_\_\_\_

In case of emergency call (other than Parent / Guardians listed above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Who other than parent/Guardian is authorized to pick up child: \_\_\_\_\_

Participation in any FBC Sunny Side V.B.S. activities and the use of facilities involves risk of accidental injury despite all safety precautions. I/we assume all risks and hazards incidental to these activities and release from responsibility and agree to indemnify and hold harmless the FBC Sunny Side, it's officers, directors, employees and volunteers for any illness or injury to \_\_\_\_\_ occurring during his/her participation in day camp. (child's name)

(Please initial all three. And sign release at bottom)

\_\_\_\_ In case of an emergency, I give permission to seek medical care.

\_\_\_\_ I accept all financial responsibility associated with such care.

\_\_\_\_ I agree to allow publication of any photos taken of my child while he/she is at V.B.S.

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(date) A

**A separate form for each child must be completely filled out and signed**

Please bring this form to the First Baptist Church of Sunny Side on the first day of V.B.S.