

Wings Outreach & Worship Church

Vacation Bible School Registration and Waiver Release Form



PERSONAL INFORMATION

Date: . _____

CHILD'S FULL NAME _____

GENDER ☐ Male ☐ Female _____

DATE OF BIRTH _____ Age _____ LAST GRADE COMPLETED _____

CHILD'S FULL NAME _____

GENDER ☐ Male ☐ Female T-Shirt Size _____

DATE OF BIRTH _____ Age _____ LAST GRADE COMPLETED _____

PARENT/GUARDIAN NAME(S) _____

PARENT/GUARDIAN NAME(S) _____

CONTACT INFORMATION

ADDRESS: _____

CITY _____ STATE _____

ZIP CODE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

LIABILITY RELEASE:

In consideration of Wings Outreach & Worship Church Vacation Bible School allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless WOWC, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein.

LIABILITY RELEASE:

PHOTO/VIDEO PERMISSION: I DO / DO NOT (circle one) give my consent to WOWC VBS to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless WOWC from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at WOWC's Vacation Bible School. **None of the photos will be for personal use.**

PARENT/GUARDIAN
SIGNATURE

All information will remain confidential to Vacation Bible School staff.

CHILD(REN)'S NAME

Allergies, Medications, and/or Medical Conditions:

Activity restrictions:

Parent/Guardian phone number(s)

Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:

Name:

Cell Number:

People authorized to pick up my child:



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