



Registration/Medical Release Form  
(For VBS meeting and all Supervised VBS Outings)  
Park Hills Christian Church, El Paso, TX 79904

VBS

2-4

Kinder-2nd

3rd-4th

5th-6th

### Student Info:

Name \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F

Address \_\_\_\_\_ City \_\_\_\_\_ zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Family Church \_\_\_ PHCC \_\_\_ Other ( \_\_\_\_\_ ) \_\_\_ None

### Parent Info

Father's Name \_\_\_\_\_

Father's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Pick-Up Authorization/Emergency Contact (can be contacted for pick-up or in case of an emergency and parent/guardian cannot be reached)

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

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

My child can be photographed for VBS Slideshow/ albums and publicity \_\_\_ Yes \_\_\_ No

### Medical Information

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Special Instructions \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

Specific Medical Conditions, such as Food or Drug Allergies, Diabetes, Chronic Illnesses or other conditions.

\_\_\_ Yes \_\_\_ No if Yes, please explain \_\_\_\_\_

### Emergency Authorization

I hereby authorize the leaders of Park Hill Christian Church to act on my behalf when I cannot be contacted IN CASE OF AN EMERGENCY, resulting in the need of medical attention for my son/daughter/ward named above. I also agree to hold harmless the leadership of Park Hill Christian Church from any accidents as a result of my child's participation in its activities. Furthermore, I agree to reimburse Park Hills Christian Church for all medical expenses.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_