

**Galactic Starveyors VBX Registration Form
Completed Fifth thru Sixth Grades**

Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Home Phone Number: _____ Grade: _____ School: _____
Child's extracurricular activities: _____
Father's Name: _____ Mother's Name: _____
Work #: _____ Work #: _____
Cell Phone #: _____ Cell Phone #: _____
Email Address: _____ E-mail Address: _____
Church Member? Yes _____ No _____ Church Member? Yes _____ No _____
Where? _____ Where? _____
Who may pick up your child? _____

Do you have transportation issues that would require van transportation? _____ Yes _____ No
Separate forms are required for van transport. You will be contacted to complete form.

My child may ride the CBC van and go off site for VBX activities. _____ Yes _____ No

Medical/Photo and Video Permission and Release Form

Name: _____ Age: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Emergency Notification Name: _____ Phone #: _____
Insurance Company: _____ Policy #: _____
Family Physician: _____ Phone: _____

Past Medical History

Please note any allergies: Food _____ Penicillin or other drugs _____
Insect bites/stings _____ Poison sumac/oak/ivy _____
Other _____

Please list any medications you are taking: _____

Permission for Treatment and Photo/Video Notice

My permission is granted for the church minister, church official, or any chaperone in charge to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal church activities and these photos/videos may be used in promotional material.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Clayton Baptist Church, Clayton from any and all claims, demands, actions, or cause of action, past, present, and future arising out of any damage or injury while employed or participating in Clayton Baptist Church, Clayton activities.

Dated this _____ day of _____, _____, State of _____ Georgia _____ County of _____ Rabun _____

Signature _____

On this the _____ day of _____, _____ personally appeared before me _____ personally known by me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, _____.

Signature _____