



Register me for
Keepers of the Kingdom
at
Living Word Christian Fellowship
July 24 - 28, 2023

CHILD'S NAME _____

Gender: Male Female Birthday____/____/____ Entering Grade _____

Food Allergies Y ____ N ____ List _____

Medial concerns Y ____ N ____ Explain _____

CHILD'S NAME _____

Gender: Male Female Birthday____/____/____ Entering Grade _____

Food Allergies Y ____ N ____ List _____

Medial concerns Y ____ N ____ Explain _____

CHILD'S NAME _____

Gender: Male Female Birthday____/____/____ Entering Grade _____

Food Allergies Y ____ N ____ List _____

Medial concerns Y ____ N ____ Explain _____

Parents/Guardians _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Name of home church _____

Emergency contact other than parent _____

Relationship to child _____ Phone _____

PLEASE LIST PERSON(S) OTHER THAN YOURSELF THAT MAY PICK UP YOUR CHILD FROM VBS:

Name and Relationship _____

Name and Relationship _____

For your child's safety only the person(s) listed above will be able to pick him/her up.

LWCF MEDICAL RELEASE & PERMISSION

_____ has my permission to attend all children's
Name of Child/Children
activities sponsored by **Living Word Christian Fellowship** (hereinafter the "Church") from
July 24 - 28, 2023.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff (paid and volunteer) of any liability against personal losses of named child(ren).

I/We the undersigned have legal custody of the child(ren) named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by our health insurance provider. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the children's ministries staff member.

LWCF PERMISSION TO USE IMAGES AND VIDEO

I hereby grant permission for **Living Word Christian Fellowship** to record sounds, images, or video of my child, _____,

Name of Child/Children

while attending *this VBS program*. I also give permission to **Living Word Christian Fellowship** at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media platforms) owned by **Living Word Christian Fellowship** in relation to *this VBS program*.

Parent/guardian signature: _____

Date: _____

LIVING WORD CHRISTIAN FELLOWSHIP

5150 Lowesville Road, Arrington, VA 22922

www.livingwordva.org