

# **Registration, WAIVER & MEDICAL RELEASE FORM**

## Field Trips and Special Events

**Activity:** Vacation Bible Camp **Date:** July 6-10, 2026 **Location:** Goodwood Baptist Church & local parks. **ALSO**, Thursday afternoon we will be doing a field trip to Forsythe Family Farms in Greenbank.

**Chaperones:** Frank Brandon, and other leaders as scheduled  
You may email this to [carol Brandon@hotmail.com](mailto:carol Brandon@hotmail.com), drop it off at the church office, or mail it in.

**Parents/Guardians:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**Best phone number to reach you at (& whose number it is):** \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Name of home church, if any:** \_\_\_\_\_

**May we put your child/ren's photo on the church's website? Yes  No**

**How did you hear about us?** Online at [www.ourchurch.org](http://www.ourchurch.org)

**Friend**      **Poster**      **Other:**      **Previous Attendee:**

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**Name of Child 1:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Gender:** Male / Female      **Tshirt size:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Grade Completed (as of June 30):** \_\_\_\_\_

Does your child have any **severe** allergies? Yes  No  **Life-threatening** allergies? Yes  No   
(ex. bee stings, food, penicillin, other medication) **Food allergies?** Yes  No

If yes, explain: \_\_\_\_\_

Is your child bringing any medication with him/her? (ex. antibiotics, inhaler, epipen) Yes  No

If yes, explain: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of, which will help us to make your child comfortable and more effectively teach him/her? (For example, learning disabilities ....) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Precautions are taken for the safety of your child/ren, but in the event of accident or sickness, **Goodwood Baptist Church**, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

**Parent/Guardian's Signature:**

**Date:**

Parent/Guardian's Name, printed: \_\_\_\_\_

**Additional children (information below, and on following page(s)) are covered by this parental/guardian signature**

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**Name of Child 2:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Gender:** Male / Female

**Tshirt size:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Grade Completed (as of June 30):** \_\_\_\_\_

Does your child have any **severe** allergies? Yes  No  **Life-threatening** allergies? Yes  No   
(ex. bee stings, food, penicillin, other medication) **Food** allergies? Yes  No

If yes, explain: \_\_\_\_\_

Is your child bringing any medication with him/her? (ex. antibiotics, inhaler, epipen) Yes  No

If yes, explain: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of, which will help us to make your child comfortable and more effectively teach him/her? (For example, learning disabilities ....) Yes  No

If yes, explain: \_\_\_\_\_