

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, 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 _____

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

+++++

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

+++++

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: _____