Emerald Isle Chapel by the Sea
Vacation Bible School Registration and Waiver Release Form

Date: ***August 4th-7th 2026***
Time: ***9AM-2PM***
Location: ***Chapel by the Sea***

Child's Name (Last, First)	Birthdate	Last Grade Completed

Parent/Guardian Name(s)_____

Address _____

Home Phone _____**Cell Phone** _____**Work Phone** _____

Parent email address(es)_____

LIABILITY RELEASE: In consideration of *Chapel by the Sea* allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless *Chapel by the Sea*, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein.

PHOTO/VIDEO PERMISSION: I **DO / DO NOT** (*circle one*) give my consent to Chapel by the Sea to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless Chapel by the Sea from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at Chapel by the Sea's Vacation Bible School. **None of the photos will be for personal use.**

I hereby give permission for my child(ren) to participate in Vacation Bible School at Emerald Isle Chapel by the Sea on August 4th-7th, 2026.

Parent/Guardian Signature _____ **Date** _____

All information will remain confidential to Vacation Bible School staff.

Child(ren)'s Name _____

Allergies, Medications, and/or Medical Conditions _____

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Activity restrictions _____

Parent/Guardian phone number(s) _____

Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:

Name _____

Phone _____

People authorized to pick up my child(Include Name & DOB**)** _____

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Please Return to Pastor Josiah by August 4th at 9 AM for your child(ren) to be able to participate in VBS!