



**VACATION
BIBLE SCHOOL
2009
SONRISE BAPTIST
CHURCH**

**3550 SOUTH 4400 WEST, WEST VALLEY CITY, UT
801-966-1242 SONRISE@SONRISEBC.ORG**

JULY 20 – 24

6:30 TO 8:15 PM

Parent/Guardian Name _____

Address _____

Phone Number _____ Work Number _____ ext _____

Would you like additional information about this church? _____

Emergency Contact: _____ Phone _____

1st Child's Name _____

Date of Birth: _____ "Going into" Grade: _____

Allergies or Other Concerns: _____

2nd Child's Name _____

Date of Birth: _____ "Going into" Grade: _____

Allergies or Other Concerns: _____

3rd Child's Name _____

Date of Birth: _____ "Going into" Grade: _____

Allergies or Other Concerns: _____

My signature on this form indicates my agreement with all statements, conditions and information on the reverse side.

Parent/Guardian Signature:

Date: _____

Printed Name of Parent/Guardian:



To Whom It May Concern:

The undersigned (parent or legal guardian) does hereby give permission for our (my) child, named above to attend/participate in the upcoming Vacation Bible School sponsored by Sonrise Baptist Church and the local church noted on the front of this form.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act, or on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medial and dental services rendered to the aforementioned minor pursuant to this authorization.

The undersigned also gives permission for any photos taken at these events to be used by the church on its web site or for future promotions.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in activities sponsored by Sonrise Baptist Church. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs (if any).

In consideration of being accepted by Sonrise Baptist Church for participation in the upcoming event named above, we (I) agree to hold harmless from, indemnify, and defend against, including the payment of attorney's fees, and costs, Sonrise Baptist Church, its trustees, ministers, officers, and volunteers, including volunteers pertaining to the above trip of activity, any and all claims, liability, allegations or personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever that may be incurred by the undersigned and or child participant that may occur while said child is participating in the above-mentioned trip or activity.

Furthermore, we (I) on behalf of said child assume all risk of personal injury, sickness, death, damage and expense to him/her and/or to other persons caused by my child as a result of participation in the recreation activities involved herein.

Insurance Information:

Physician: _____ Phone: _____

Health Insurance: Yes: _____ No: _____

Insurance Co.: _____ Participant: _____

Policy Number: _____ Group Number: _____

Company Name: _____ Emergency Phone: _____