

Please complete this form for each child
you wish to register for VBS/Kidz Kamp



Faith Christian Fellowship
200 W. Church Street
Mason, OH 45040
(513) 398-3983
www.fcfmason.org

VBS/Kidz Kamp Registration & Liability Release Form – 2023

The undersigned does hereby give permission for Participant (child's first and last name):

To participate in Faith Christian Fellowship's VBS/Kidz Kamp ministry event.

LIABILITY RELEASE: I, the undersigned, do hereby release, forever discharge, and agree to hold harmless. Faith Christian Fellowship, its pastors, board Members, volunteers, and teachers (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 Participant while involved in the Church ministry activities. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in VBS/Kidz Kamp activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

MEDICAL TREATMENT PERMISSION: In the event my child suffers an illness or injury that requires Medical attention, I give Faith Christian Fellowship the authority to obtain whatever medical attention is Deemed necessary, and release and hold harmless Faith Christian Fellowship, its pastors, board members, Directors, volunteers, and teachers of any liability related to obtaining that medical attention. I understand Faith Christian Fellowship will make a reasonable attempt to contact me/us as soon as Possible following the need for medical treatment for my child. I also acknowledge I will ultimately be Responsible for the cost of any medical care.

Parent/Guardian First & Last Name (please print): _____

Parent/Guardian Signature: _____

Child's Age: _____ **Child's Gender:** _____ Male _____ Female

Food/allergy restrictions: _____

Emergency Phone Number: _____

Parent/Guardian Email Address: _____

Parent/Guardian Address: (Street) _____

(City) _____ **(Zip Code)** _____