



Twists & Turns VBS

July 17-21
6-8pm

Parent / Guardian Name

Cell Phone #

Address

Email

Child's Name

Child's Name

Grade

Grade

Allergies

Allergies

Child's Name

Child's Name

Grade

Grade

Allergies

Allergies

Emergency Contact 1

Cell Phone #

Emergency Contact 2

Cell Phone #

I entrust Eden Church and its representatives, "Eden Church," (those giving transportation, teaching, and providing snacks) to provide the best care possible for my child for the duration of VBS. I understand there are certain risks, like injury or damage, that come with my child participating in VBS. By signing this form, I agree to accept those risks, and agree to release and hold harmless Eden Church. I give Eden Church permission to provide my child with medical intervention if emergency contact cannot be made to those on this form. I consent to the use of photography and video images of my child as Eden Church sees fit.

Parent / Guardian Signature and Date