

Dallas Pentecostal Church
2011 Vacation Bible School Registration Form
July 7-9, 2011

418 Cashmere Dr. Garland, TX, 75041

Church Phone: 972-926-9322

www.dallaspenecostal.org

Contacts: Pastor: Thomas V. Koshy (972)-203-2221, Youth Director: Joe Mathew (214)-356-2153

Secretary: Saji John (972)-899-1082, Youth Secretary: John Francis (469)261-4911

Name _____ Male _____ Female _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Parent/Guardian Cell Phone (____) _____
Parent/Guardian Name(s) _____
Grade Entering in the fall (or current age if not yet in school) _____
Home Church _____ City _____

If not available in an emergency, notify _____

Relationship _____

Address _____ Phone: (____) _____

Are there any conditions, diseases or allergies we should be aware of? If yes, please explain:

Is there any other health related information we should know about or activity restrictions we should provide during the week?

I give my child permission to participate in all activities and programs during Dallas Pentecostal Church Vacation Bible School. I agree that Dallas Pentecostal Church will not be held responsible for accidents or persons injured arising there from. I also realize that my child may be in photographs taken during the Vacation Bible School week. I waive the right to inspect or approve the photo if used for publications or publicity. I, the undersigned, hereby give permission for my son/daughter to participate in Dallas Pentecostal Church Vacation Bible School events and activities. I authorize any adult representative of Dallas Pentecostal Church who is acting in a leadership role to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, in the event that the above named participant should be admitted to any hospital, or be in need of any medical treatment. I take full responsibility for all charges and fees related to treatment. I understand that the care and safety of the participant will be primary in all planned activity and that all attempts will be made to contact parents/guardians prior to treatment if an emergency or accident should happen.

Parent/Guardian signature _____

Date _____