



VICTORY! REGISTRATION FORM

Monday, July 30th - Friday, August 3rd, 2018
6:15 pm arrival - 9:15 p.m.

Vacation Bible School - Preschool (4 & 5 yr. olds) through 6th Grade

VBS COST: \$20.00 per child

*Please make checks payable to:
The Bridge Bible Fellowship, or TBBF
Turn in form and payment at TBBF on Sundays, Welcome
Center or VBS table*

(For Staff Use Only)

Amt. _____
Paid: _____ ck# _____ cash _____
Elem. V Group # _____
P.S. V Group # _____

❖ If mailing in registration, please address to:
Diane Brown, TBBF, 18644 Sherman Way, Reseda, CA 91335

(Please fill out form completely - both sides)

Child's Name: _____ M / F

Complete Address: _____ Zip _____

Home Phone: _____ Cell: _____

Home Church: TBBF Other: _____ No affiliation

I heard about VICTORY! VBS through community advertising.

Child's Age: _____ Child's Grade in Sept. 2018 _____

(The 'Lil' Cheerios' Preschool VBS welcomes potty-trained 4-5 yr. olds and children entering kindergarten in 9/18)

*(Optional) PLEASE PLACE MY CHILD IN SAME GROUP AS: Name: _____
(Preferably same grade, one name only - please confirm that child is attending VBS)*

EMERGENCY INFO:

Mother: Name _____ phone: _____

Father: Name _____ phone: _____

Other: Name _____ phone: _____
Relationship: _____

ALLERGIES / MEDICAL CONDITIONS: _____

**T-Shirt
Size
(Children)**

Circle One:

XS

S

M

L

XL

Please send me the 'Snack list' and 'Food Allergy Letter.'

(Please see back of form to complete registration)

THE BRIDGE BIBLE FELLOWSHIP
MEDICAL CONSENT AND RELEASE FROM LIABILITY / MINOR

Vacation Bible School 2018: 'VICTORY'

I, _____, hereby acknowledge that it is my desire that
Parent

my child, _____, participate in church-sponsored
Child's name
activities during 'Vacation Bible School', July 30th - August 3rd, 2018.

I AM VOLUNTARILY ALLOWING MY CHILD TO PARTICIPATE IN THESE ACTIVITIES, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION.

As lawful consideration for permitting my child to participate in VBS activities, I hereby release and discharge THE BRIDGE BIBLE FELLOWSHIP, it's officers, employees, agents and members of the Board of Trustees from all actions, claims or demands I, my child, and the heirs, distributes, guardians, legal representatives or assigns of either of us now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Trustees, before or during my child's participation in such church-sponsored activities.

I hereby give my permission to the physician, nurse, or dentist selected by THE BRIDGE BIBLE FELLOWSHIP to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities.

Medical Insurance Company _____ Policy # _____

In addition, I hereby grant permission to The Bridge Bible Fellowship to use my child's likeness in a photograph in any and all of its publications, including but not limited to all of TBBF's printed and digital publications. I understand and agree that any photograph using my child's likeness will become property of TBBF and will not be returned.

Date: _____ Signature: _____
(Parent __ Legal Guardian __)



- I received the 'Parent Information Letter' Yes No

If 'no', one will be sent to you - this is important info regarding VBS. Please make sure your address is complete with zip code and legible.

- The cost of VBS is a financial hardship for our family. However, I desire for my child(ren) to experience this wonderful week. Please call me with information regarding a scholarship.

The Bridge Bible Fellowship

18644 Sherman Way
Reseda, CA 91335
818.776.1500
www.tbbfchurch.org