



Vacation Bible School Registration
July 29 - Aug. 1, 2019 (4 days) **9:30 – noon**
3 yrs. old – 5th grade (of last year)

Hope Community Church of Lake Oswego
14790 Boones Ferry Rd., Lake Oswego, OR 97035
503-635-4880 HopeOswego.com
Please mail this form or bring it by the church.

1. Child's name _____ birthday _____ age _____ grade _____

Specific medical conditions, allergies, or other conditions we should be aware of: _____

2. Child's name _____ birthday _____ age _____ grade _____

Specific medical conditions, allergies, or other conditions we should be aware of: _____

Parent/Guardian _____ Phone _____

Street _____ City _____ State ____ Zip _____

e-mail _____

Children will be picked up by: _____, relationship to child _____

Cost: Hope Church covers tuition and expenses.

You are welcome to give an offering of any amount to help fund the children's mission project.

Parental Consent and Liability Release

We the undersigned parent/guardian submit this information in order that our child may participate in Vacation Bible School sponsored by Hope Community Church. We, as parent/guardian, understand that every activity involving children does present a risk of injury including, but not limited to, sickness, bodily injury, death, emotional injury, personal injury, property damage & financial damage, rare as that may be. If we, as parent/guardian, are not present at this event, and cannot be reached, so as to be consulted in case of necessity, you are authorized, on our behalf, to arrange for such medical and hospital treatment you may deem advisable for the health and well being of our child. Further, we as parent/guardian release and promise to indemnify, defend, and hold harmless Hope Community Church or its employees and volunteers for any injury arising directly or indirectly out of Vacation Bible School, whether such injury arises out of the negligence of Hope Community Church, your child, or otherwise.

Is child covered by family medical insurance? _____ Yes _____ No

If yes, insurance company _____ Policy or Group # _____

Emergency contact _____ phone _____

Parent/Guardian Signature _____ Date _____