(July 22-26)

Registration Form (One Per Child)
Fee: $50 -- pay to: WCEC

Fee: $75
P

Child's name: _____

Last school grade completed: _____

Name of parent: _____

Best phone numbers to contact: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Email address: _____

Home Church: _____

Who has permission to pick up your child(ren) beside mom:

Name: _____ Relationship to child: _____

Phone#: _____

Allergies or other medical conditions:

_____

_____

T-shirt size: ◯ X-Small ◯ Small ◯ Medium ◯ Large

◯ Adult Small

Turn to pg. 2 , please!

Release of Liability

I hereby release WCEC and VBS co-workers from all liability for damage to or loss of personal property, sickness, or injury while my child participates in the Event activities.

I hereby state that my child is in sufficient physical condition to accept all Event activities. I understand that participation in this program is strictly voluntary, and I freely chose to participate.

I understand that WCEC doesn't provide medical coverage for me. I verify that I will be responsible for any medical costs my child may incur as a result of participation.

I give permission for WCEC to photograph & make video my child(ren) for promotional & internal use.

Parent signature: _____ Date:_____

Mailing address:

Scuba VBS
1512 Brackenville Rd.
Hockessin, DE 19707

Email to: wcec.chinglie@gmail.com

For Church use only: Check # _____ Cash $ _____