



2017 VBS Registration (Fill out one per child!)

Noelridge Christian Church (Disciples of Christ)
7111 C Ave. NE, Cedar Rapids, IA 52402
(319) 393-9532

Website: www.NoelridgeChristian.org; Email: office@NoelridgeChristian.org

Please Print:

Child's Name: _____ M or F (circle one)

Birthdate: _____ Grade just completed: _____

Shirt Size: _____

Parent(s) Name(s): _____

Allergies or other medical conditions: _____

Parent or Guardian Authorization

In signing this document, I hereby certify that all the information is correct and give permission for the use of photographs including my child to be used in publicity for the youth ministry of Noelridge Christian Church (NCC).

(Name of Child) _____ has my permission to participate in NCC youth activities. I understand that all activities will be closely supervised, and that medical and/or hospital care will be given if serious illness or injury occurs. I understand that I will be notified in case of serious injury or illness, and if I cannot be contacted, I give permission for emergency treatment as recommended by attending physician or dentist. I further release all volunteer/paid staff and NCC itself from responsibility and liability for any accidents or illness occurring during any and all activities. I understand that the church insurance coverage picks up where my insurance leaves off, up to the limits of the church policy.

Signature of Parent or Guardian

Date