

General VBC Preschool/Children/Youth Permission Slip

This is an annual permission form for your child(ren) to participate in preschool, children's, and youth activities from August 2025-August 2026. Additional forms for specific activities may also be necessary as the year goes on.

Please list all minors covered by this form and submit a "Minor's Information" page for each:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Parent/Guardian #1

Name: _____

Relationship to Minors listed: _____

Phone Number(s): _____

this should be a number where you can be reached while your child(ren) is involved in an activity with Vineville Baptist Church.

Email Address: _____

Mailing Address: _____

Parent/Guardian #2

Name: _____

Relationship to Minors listed: _____

Phone Number(s): _____

this should be a number where you can be reached while your child(ren) is involved in an activity with Vineville Baptist Church.

Email Address: _____

Mailing Address: _____

Alternative Emergency Contact #1

Name: _____

Relationship to Minors listed: _____

Phone Number(s): _____

this should be a number where you can be reached while your child(ren) is involved in an activity with Vineville Baptist Church.

Alternative Emergency Contact #2

Name: _____

Relationship to Minors listed: _____

Phone Number(s): _____

this should be a number where you can be reached while your child(ren) is involved in an activity with Vineville Baptist Church.

General Liability Release: In consideration of Vineville Baptist Church allowing the minors listed below to participate in activities of various kinds, I, the undersigned parent/guardian, do hereby release, forever discharge, and agree to hold harmless Vineville Baptist Church, its ministers, employees, and volunteers from any and all liability, claims, or demands for accidental personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever may be incurred by the undersigned and the participants while involved in a Vineville Baptist Church sponsored activity.

Please affirm your agreement by typing your name and date in the space below.

I, the undersigned parent/guardian, understand that I, or a designated adult for whom I will provide contact information, need to be accessible by phone while my children are participating in activities with Vineville Baptist Church. I also understand that unless otherwise stated, I, or a designated adult for whom I will provide contact information, am expected to remain on campus while my children are participating in activities with Vineville Baptist Church.

Please affirm your agreement by typing your name and date in the space below.

General Photo Release: I, the undersigned parent/guardian, grant permission to Vineville Baptist Church to take and use photographs or video of my child for use in church-related publications, newsletters, VBC websites or other electronic forms of media, without prior notification.

Please affirm or deny your agreement and type your name and date in the space below.

___ Yes ___ No _____

Minor's Information

Full Name: _____

Goes By Name: _____ Date of Birth (MM/DD/YYYY) _____

School Name and Grade for the 2025-2026 Academic Year:

Does this child have any allergies or medical Conditions AND are there any emergency medications required to be on site (e.g. inhaler, epi-pen)? Medications are to be provided by parent/guardian, in their original bottles, to the child's activity leader each time.

Insurance Provider and Policy Number

Is there any additional information that will be helpful to our providing the best possible care and experience for this child?

What size t-shirt does your child wear? _____