



## SPARK STUDIOS – Vacation Bible School

For ages 3 years to those completing 6<sup>th</sup> grade  
 June 27 – July 1, 2022, from 9:00 AM to 12:15 PM

### REGISTRATION FORM

Hosted by Central Church Huntington, 240 Main St.  
 (631) 421-3663 / centch@optonline.net  
[www.centralpresbyterianchurch.net](http://www.centralpresbyterianchurch.net)

**Parents / Guardians:** Please PRINT clearly below

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade Completed: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Emergency Contact / Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ School Child Attends: \_\_\_\_\_  
 Pre-Registration Cost: \$5 per child / \$15 maximum per family  Prepaid  I will pay on the first day  
 Day of Registration Cost: \$10 per child / \$30 maximum per family

#### PARENT / GUARDIAN PERMISSION & RELEASE OF MEDICAL RECORDS

In signing this application, I hereby certify that this information is correct and my (circle one) son / daughter / other (please state nature of relationship if other: \_\_\_\_\_) has my permission to attend Vacation Bible School at Central Church (240 Main St., Huntington, NY 11743) from June 27 – July 1, 2022, and for the release of medical records in case of illness. In the case of medical emergency, I understand that every effort will be made to contact me (the parent / guardian / other) of the above-named child. In the event I cannot be reached, I hereby give permission to the physician selected by the advisors to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant named herein.

Family Physician or Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Health insurance info: \_\_\_\_\_

Is participant in general good health and able to participate in all normal activities?  yes  no  
**If no**, please submit a statement on the reverse side indicating limitation.

Allergies (specify nature of allergic reaction):

\_\_\_ Animals      \_\_\_ Food  
 \_\_\_ Hay Fever    \_\_\_ Insect Stings  
 \_\_\_ Plants / Pollen  
 \_\_\_ Medicines / Drugs  
 \_\_\_ Other: \_\_\_\_\_

Other Health Conditions:

\_\_\_ Convulsions                      \_\_\_ Fainting  
 \_\_\_ Emotional Disturbances      \_\_\_ Hearing Impairment  
 \_\_\_ Hyperactivity                    \_\_\_ Nosebleeds  
 \_\_\_ Special Diet                      \_\_\_ Eyeglasses / Contacts  
 \_\_\_ Other: \_\_\_\_\_

Is there other information that we need to know about your child? \_\_\_\_\_  
**(Please print)** Parent / Guardian: \_\_\_\_\_ Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PERMISSION TO USE PICTURES

I am the parent or legal guardian of the child named below (the "Child"). I understand that my Child may appear alone or together with others in pictures taken in connection with activities conducted or sponsored by Central Church Huntington (the "Church"). I hereby freely, voluntarily, and without right to or expectation of any compensation, grant the Church full permission, without reservation, to use such pictures, whether in original or edited form, in Church publications of any medium or format including but not limited to still photographs, motion pictures, videos, digital images, brochures, reports, posters, the Church's websites, etc. I also agree to waive, and do hereby waive, any claims against the Church its employees, officers, agents, and members based upon or related to its permitted use of such pictures.

**(Please print)** Parent / Guardian: \_\_\_\_\_ Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to the Central Church office by mail or in person. The office is open Tues - Fri, 8 a.m. to 1 p.m.  
**(Office use only)** Date Registration Received: \_\_\_\_\_ Payment Received:  cash  check # \_\_\_\_\_