

**REGISTRATION/CONTACT INFORMATION  
 VALLEY BIBLE CHURCH  
 EXPLORER CLUB / ADVANCE YOUTH  
 2021-2022**

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_ Relation to Child(ren): \_\_\_\_\_

Home Address (St., City, State, Zip): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents'/Guardian's E-mail Address: \_\_\_\_\_

Church Regularly Attended: \_\_\_\_\_ Introduced to Explorer Club by: \_\_\_\_\_

**CHILD INFORMATION**

Name (First & Last)	Age	Grade in School	Birth Date	Allergies	Medicines Taken	Special Needs

**AUTHORIZATION FOR INVOLVEMENT  
IN VALLEY BIBLE CHURCH  
EXPLORER CLUB AND ADVANCE YOUTH ACTIVITIES  
2021-2022**

I (We) hereby give permission for my (our) child (children), listed below or on the attached, to attend regularly scheduled children or youth meetings at Valley Bible Church, Enoch, UT (VBC) during the 2021-2022 year. I (We) also give permission for the same child (children) to attend, and travel to and from, extracurricular Explorer Club or Advance Youth activities planned and/or sponsored by VBC and held at VBC or other locations throughout the club year.

I (We) understand that activities may involve physical competition and games which could result in injury. I (We) give permission for authorized VBC officials/leaders to seek necessary medical attention for the child (children) listed below in the event of injury in official activities, meetings, or during travel to or from such activities if I (we) cannot be reached at the time of the injury. I (We) have listed below the necessary insurance information for such an eventuality. I (We) also agree **not** to hold VBC or approved officials/leaders thereof personally liable for injury or sickness which does not result from gross negligence.

I (we) have read the *2021-2022 Sickness Policy* and authorize my (our) children to attend VBC Explorer Club or Advance Youth activities under those provisions. I (we) will follow those provisions to the best of my (our) abilities and instruct my (our) child (children) to do so as well.

<u>Children:</u>          
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\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Medical Insurance Carrier

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Policy Number

**EMERGENCY CONTACTS**

Please provide below contact information for at least one person you wish to designate to act in your stead in the event your child (children) require(s) medical attention and authorized Valley Bible Church officials are unable to reach you.

**First Person Authorized to Act in Your Stead**

Name: \_\_\_\_\_ Relationship to Child (Children): \_\_\_\_\_

Phone Numbers -- Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Is this person authorized to transport your child (children) to and from activities or meetings? \_\_\_\_\_

**Second Person Authorized to Act in Your Stead (Optional)**

Name: \_\_\_\_\_ Relationship to Child (Children): \_\_\_\_\_

Phone Numbers -- Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Is this person authorized to transport your child (children) to and from activities or meetings? \_\_\_\_\_