REGISTRATION/CONTACT INFORMATION
VALLEY BIBLE CHURCH
EXPLORER CLUB / ADVANCE YOUTH
2026-2027

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

Home Address (Street, City, State, Zip): _____

Mailing Address (if different): _____

Primary Phone: _____ Secondary Phone: _____

Parents'/Guardians' 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
2026-2027

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 2026-2027 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 *2026-2027 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.

Children:

_____
Signature and Date

_____
Emergency Phone Number

_____ _____ _____
Medical Insurance Carrier Group Number Policy Number

EMERGENCY CONTACTS

Please provide contact information below 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 -- Primary: _____ Secondary: _____

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 -- Primary: _____ Secondary: _____

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

Other adult(s) authorized to transport my child (optional): _____