

Registration

Name _____

Birthdate ____/____/____

Address _____

Age _____

Parent/Guardian _____

Completed Grade _____

Home Church _____

Phone Numbers:

Home ____-____

Brought by _____

Work ____-____

Phone Number ____-____

Cell ____-____

****Allergies** _____

Waiver of Responsibility:

I, hereby waive any and all responsibility on the part of INDEPENDENT BIBLE FELLOWSHIP CHURCH or any persons involved with INDEPENDENT BIBLE FELLOWSHIP CHURCH for any and all accidents, bodily injuries, harm or loss, which occur to me or my family while being transported to and from or while attending events and activities at Independent Bible Fellowship Church.

For more information: Contact the Church office at 302-398-3411.

I further waive any financial responsibility to INDEPENDENT BIBLE FELLOWSHIP CHURCH or any persons involved with INDEPENDENT BIBLE FELLOWSHIP CHURCH. If any medical expense is incurred for me or my family, it shall be covered by our family personally or by our family health insurance coverage.

Signature

Date



We photograph all the participants at the events and activities. These photographs are displayed on the church bulletin board and/or the church website. The following is a form giving your consent for your child to be photographed and those photos to be displayed, including on the website.

I, _____ authorize the Independent Bible Fellowship Church to photograph my child, for promotional purposes.

Signature

Date