

**MCAS CHERPT – VBS REGISTRATION FORM/PERMISSION SLIP**

CHILD INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Food Restrictions: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PERMISSION TO PARTICIPATE

My child has permission to attend and participate in Vacation Bible School (VBS) activities both at Marine Corps Air Station Cherry Point (MCAS CHERPT) Memorial Chapel, Building 100, MCAS CHERPT, NC 28533 and Don Lee Camp and Retreat Center, 315 Camp Don Lee Road, Arapahoe, NC 28510 from July 20 – 24, 2026 (9:00 A.M. – 4:00 P.M.).

My child is also authorized to be transported to, in, and around MCAS CHERPT and Don Lee Camp & Retreat Center for VBS related activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEDICAL TREATMENT AUTHORIZATION

In the event of an emergency and if I cannot be reached, I authorize the VBS staff to secure medical care for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PHOTO/VIDEO RELEASE

I give consent for my child to be photographed during VBS: Yes \_\_\_\_\_ No \_\_\_\_\_

I give consent for my child to be in Video/Audio Recordings: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOLD HARMLESS/LIABILITY RELEASE STATEMENT

I, understand that my child will be participating in activities associated with Vacation Bible School (VBS). In consideration of my child's participation, I agree to release, indemnify, and hold harmless MCAS CHERPT and Don Lee Camp & Retreat Center, its employees, volunteers, and representatives from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury that may occur during VBS activities, whether on or off MCAS CHERPT and Don Lee Camp & Retreat Center.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_