South Granville Congregational Church
7179 State Route 149
Granville, NY 12832
Pastor Pamela Bolton 518-345-8358

VACATION BIBLE SCHOOL - AUGUST 25-29, 2025 6 PM – 8:30 PM

PARENTAL CONSENT FOR PARTICIPATION

This consent form MUST be filled out in order to participate. Please read and fill out the conesent below:

Youth Name: #1_____ DOB: _____

#2_____ DOB: _____

#3_____ DOB: _____

Phone#: _____ Email address: _____

Address: _____

I, _____ as parent/guardian give permission for the above-named child/children to participate in Vacation Bible School at South Granville Congregational Church. I release the church and its representatives from liability in the event of an accident during this activity. I also authorize them to obtain any emergency medical attention that may be required during my child's/children's attendance.

Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Emergency Contact Name: _____ Phone#: _____

Alternate Emergency Contact: _____ Phone#: _____

Transportation provided by: _____ Relationship: _____

Allergies: _____

Medical Conditions that may affect participation or necessary for emergency care:

_____

May we have your permission to post photos of your child/children on FaceBook/sgcongregationalchurch.org website: YES _____ NO _____

*Parents are welcome to stay and observe the activities