TRUE NORTH REGISTRATION FORM 2026

Wednesday, June 24
Thursday June 25
& Friday, June 26
Ages 6-12 6:30-8:30 PM

Child's Name_____Child's Age_____ Upcoming School Grade_____ Male___ Female____

Address_____
City_____State_____Zip_____

Parent/Guardian's Name_____
Work or Cell phone_____ Home Phone_____

In case of emergency, contact _____Phone_____
Special concerns (allergies, medications, medical conditions, etc.)
_____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend **"True North" VBS Wednesday, June 24, Thursday, June 25, and Friday, June 26 from 6:30-8:30 PM.** In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during VBS, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff and its representatives, harmless in the exercise of this authority.

I understand that good cooperation, conduct, and attentive learning is valuable for the success of this VBS and/or transport on van (if necessary) and will hold my child responsible to support the staff and if needed will come to assist should he/she be uncooperative. By signing this form I release New Hope Assembly of God of liabilities and grant my support in child attendance.

Signature of Parent or Guardian _____ Date _____

Emergency#_____Health Insurance_____Policy_____

(Please initial) _____I give permission for New Hope Assembly of God to take team pictures, group camp photos and pictures of my child during **True North VBS** for special video presentation shown **Sunday, June 28 during the AM Service.**

New Hope Assembly of God

14000 Racho Blvd. Taylor, MI 48180

newhopeag.com