

CHRISTUS LUTHERAN CHURCH 2017 VBS REGISTRATION FORM

(One form per child, please)

Child's Name: _____

Birthday: _____ Age: _____ Grade Just Finished: _____

Parent(s) Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Alternate Number: _____

Allergies: _____

Medical Issues or Special Needs: _____

Emergency Contact: _____ Relationship to Child: _____

Emergency Contact Phone: _____ Alternate Phone: _____

Alternate Pickup Person: _____

Alternate Pickup Phone: _____ Alternate Phone: _____

Home Church (if applicable): _____

Siblings Attending VBS (names and ages): _____

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church, and that all registration information will be removed from the hosting site by December 31 of this year.

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Parent Signature

Date