



2010 Vacation Bible School Registration Form

August 1-5 6:00-8:30 p.m.

Child's Name: _____

Date of Birth: _____ Age _____ Grade Completed _____

Name of Parent or Guardian: _____

Phone: Home _____ Cell _____

Home Address: _____

If the person named above is not available in the event of an emergency, notify

Name: _____ Relationship: _____ Phone: _____

Person(s) other than parent/guardian who is authorized to pick up your child after VBS

Name of personal physician: _____ Phone: _____

Please turn over and complete other side.

[Type text]

Please note and explain any allergies to food, medicine, plants, insects, or other:

Please list or describe any other physical or behavioral conditions that you would like the VBS staff to be aware of: _____

Do you have a home church? _____

Is there a friend your child would like to be with? _____

I give permission for _____ to participate fully in Christ Church VBS programs, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment. I also agree to accept all financial responsibilities incurred as a result thereof and not hold Christ Church responsible for such. I understand and agree that Christ Church will not be liable for accidents or injuries that may occur during this program.

Signature of parent/guardian: _____ **Date:** _____

I hereby consent to the use by Christ Lutheran Church of any photographs, videos or other visual or audio reproduction such as website, brochure, or newsletter, in which my child may appear. I understand that these materials are being used for promotion of the ministry of Christ Church.

I release Christ Church from any liability connected with the use of my picture or voice recording as part of any such program.

_____ My child may be photographed.

_____ My child may NOT be photographed.

Signature of parent/guardian: _____ **Date:** _____
