

**Immanuel Lutheran Church
Vacation Bible School
June 17-21, 2018
Registration Form**



Child's Name _____ Preferred name _____

Child's Age _____ Birthdate _____ **Last school grade completed** _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Cell Phone _____ Email _____

Parent/Guardian Name _____

Cell Phone _____ Email _____

Emergency Contact other than parent _____

Phone for emergency contact _____

Allergies or other medical conditions _____

Dietary restrictions _____

Home church _____

Who, other than parent, may pick up your child (list name and phone number)

1. _____

2. _____

T-Shirt size (Child sizes): _____ Sm _____ Med _____ Lg _____ Xlg

(T-shirts are \$5.00 each; must be pre-ordered and paid for in advance.)

Continued on back

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.

_____Initial

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.

_____Initial

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.

_____Initial

Parent Signature

For Church use only: Crew Group:_____

T-Shirt Paid:_____