

VBS Registration
July 29– Aug 2, 2024
Please fill out one form per child.

*Student Name: _____

Age: _____ Gender: Male Female

Grade entering Fall 2024: _____

T-Shirt Size (youth or adult): _____

Home Church (if applicable): _____

Allergies: _____

Medical Issues or Special Needs: _____

*Parent Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Email: _____

*Home Phone Number: _____

Cell Phone Number: _____

Emergency Contact: _____

Emergency Phone: _____

Alternate Pickup Name: _____

Alternate Pickup Phone: _____

Please have already applied sunscreen to your child (ren) and bring a water bottle for outside activities so that they are ready to participate upon arrival.

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

VBS Registration
July 29– Aug 2, 2024
Please fill out one form per child.

*Student Name: _____

Age: _____ Gender: Male Female

Grade entering Fall 2024: _____

T-Shirt Size (youth or adult): _____

Home Church (if applicable): _____

Allergies: _____

Medical Issues or Special Needs: _____

*Parent Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Email: _____

*Home Phone Number: _____

Cell Phone Number: _____

Emergency Contact: _____

Emergency Phone: _____

Alternate Pickup Name: _____

Alternate Pickup Phone: _____

Please have already applied sunscreen to your child (ren) and bring a water bottle for outside activities so that they are ready to participate upon arrival.

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