

REDEEMER LUTHERAN CHURCH
VACATION BIBLE SCHOOL REGISTRATION

(Families can group on one form)

*Student Name: _____
Nick Name: _____
Age: _____
Gender: Male Female
Grade entering: _____
Home Church (if applicable): _____
Allergies: _____
Medical Issues or Special Needs: _____
*Parent Name: _____
*Address: _____
*City: _____
*State: _____
*Zip: _____
*Email: _____
*Home Phone Number: _____
Cell Phone Number: _____
Other Phone Number: _____
Emergency Contact: _____
Emergency Phone: _____
Alternate Pickup Name: _____
Alternate Pickup Phone: _____
General Information: _____

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.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above.

Parent Signature

Date