

VBS REGISTRATION

August 3 – 7, 2009, 9am – 12pm



Families, please complete one form per child. Thank You!

Last Name _____ First Name _____ Age _____

Date of Birth _____ Child's Grade (Fall 2009) _____ Gender Male Female

Child's Address _____

City/State _____ Zip Code _____

Parent's/Guardian's Name _____

Parent's/Guardian's Phone (_____) _____ Cell Phone (_____) _____

Person's to be contacted in case of an emergency:

1. Name _____ Phone # _____ Relationship to child _____

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Does your child have any medical conditions that we should be aware of? Yes No

(allergies, medications, etc.) If so, explain _____

Siblings who will also be attending VBS _____

My child would like to be in class with the following friend(s) _____

I would like to volunteer to help with _____

We will need child care for _____ child(ren), aged _____

The undersigned gives permission to his or her child to participate in the above named activity and releases St. John's Lutheran Church and School, its officer, employees, and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of his family, in attendance, and the undersigned agrees to defend and indemnify St. John's Lutheran Church and School, its officers, employees and agents from any liability or loss they might sustain by reason thereof. In the event I cannot be reached in an EMERGENCY, I here by give permission to the physician selected by the director of children's ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

Signed _____ Date _____

Insurance Company _____ Policy # _____

By signing this registration form, you agree that any photographs taken of your child at or during this event are the property of St. John's Lutheran Church and School and may be used in future publications as deemed appropriate.