

**Here I Stand VBS Registration
For Child**

Child's name: _____

Parent/Guardian name: _____

Phone: _____

Email: _____

Child's school grade next year: _____

In case of emergency, when parent/guardian cannot be reached, please contact:

Name: _____

Phone: _____

Relationship to child: _____

Please list any allergies (including food allergies) and medical conditions the VBS staff should be made aware of:

Does your child have a friend with whom he/she would like to be placed?

Person(s) allowed to pick up this child at the end of VBS each day:

Release

I hereby give permission for my child(ren)

to participate in Vacation Bible School at St. Paul Lutheran Church. We expect that the adult staff will take reasonable precautions to ensure the safety of our child(ren), and we absolve the adult staff from liability for any accident or illness which might occur during this event. In case of medical emergency, and I cannot be reached, the adult staff have my permission to act on our behalf to obtain emergency treatment for my child(ren) by any recognized hospital or doctor.

I hereby consent that any photographs in which the above-named individuals appear while participating in this activity may be used by St. Paul Lutheran Church, its assigns or successors, in whatever way it may desire. Furthermore, I consent that such photographs shall be the property of St Paul Lutheran Church, and it has the right to duplicate, reproduce, and make other uses of such photographs as it may desire, free and clear of any claim whatsoever on my part.

Name/date:

Should we expect you for lunch/supper?

Friday at 5:30 pm

How many adults _____ Children _____

Saturday at noon

How many adults _____ Children _____

Please return this form to the church office