

Lake Crystal Community VBS Registration

August 1-4, 2016

Child's Name(s) Oldest to Youngest	Gender	Date of Birth	2016-2017 Grade
1.			
2			
3.			
4.			
5.			

Church our family usually attends:

- | | |
|---|--|
| <input type="checkbox"/> Abundant Life Church | <input type="checkbox"/> First Presbyterian Church |
| <input type="checkbox"/> Cornerstone UMC | <input type="checkbox"/> Holy Family Catholic Church |
| <input type="checkbox"/> First Baptist Church | <input type="checkbox"/> Zion Lutheran Church |
| | <input type="checkbox"/> Other: _____ |

PARENT / GUARDIAN INFORMATION

	Mother	Father
Name(s)		
Home Phone		
Cell Phone		
Email		
Mailing Address		

MEDICAL RELEASE & PHOTO PERMISSION

My child has permission to take part in Community Vacation Bible School, August 1-4, 2016. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, this document gives permission to Community Vacation Bible School volunteers to act on my behalf in seeking emergency treatment for my child. I give permission to those administering emergency treatment to do so using measures deemed necessary, and I agree that the VBS-sponsoring congregations, their staff, and volunteers, will not be held responsible for accidents or liabilities which may occur.

I, the undersigned, **DO** give the sponsoring congregations for Community VBS permission to photograph and/or video my child(ren). I further give permission to use photograph(s) or video(s) of my child(ren) for publicity or other purposes including, but not limited to, newsletters, church publications, media publications, and/or online.

Signature of Parent/Guardian _____

Family Insurance Company _____ Policy # _____

Allergies or other medical conditions:

In case of emergency, contact: _____

Phone: _____ Relationship to child: _____