

Vacation Bible School Registration Form

Name _____ Nickname _____

Grade in Fall 2012 _____ Age _____ Gender: M F

Parent or guardians' names _____

Home Address _____

Home phone _____ Other Phone _____

E-mail: _____

I request my child is placed in the same tribe as (name) _____

People who may pick up the child:

Name: _____ Phone: _____

Emergency contact person:

Name: _____ Phone: _____

Allergies: Y N (List)

Medical Concerns or Special Needs: Y N (Explain below)

Family doctor:

Name: _____ Phone: _____

Permission to Attend: Y N

I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church, and that all registration information will be removed from the hosting site by December 31, 2011.

Medical Release: Y N

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: Y N

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.

Return this form to: Mt Olive Lutheran Church
2005 S Houghton Rd
Tucson, AZ 85748

Office phone: 520-296-0996