



Peace Lutheran Church
July 14-18, 2014 • 5:30-8:00 p.m.
Vacation Bible School Registration
(complete & sign one form per family, mail or return to church office, please print legibly)



1) Child's name _____ Age _____ Birthdate _____

Allergies Y N (list) _____

Medical concerns _____

T-shirt size (youth) _____

2) Child's name _____ Age _____ Birthdate _____

Allergies Y N (list) _____

Medical concerns _____

T-shirt size (youth) _____

3) Child's name _____ Age _____ Birthdate _____

Allergies Y N (list) _____

Medical concerns _____

T-shirt size (youth) _____

Parent/s name/s _____ Attending VBS YES NO

Address:	Contact information:
Street _____	Best phone number _____
City _____	Alternate phone number _____
State & Zip _____	Email _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child/ren (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/s listed 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/ren (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.

Parent or Legal Guardian: Print Name _____

Signature _____ Date _____