



**VBS 2017**  
**JULY 31-AUGUST 4, 2017**  
**VACATION BIBLE SCHOOL REGISTRATION**  
(One form per child, please)

Student First Name: \_\_\_\_\_  
Student Last Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Gender: Male Female  
Grade entering: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medical Issues or Special Needs: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Other Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_  
General Information: \_\_\_\_\_

Medical Release: 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: I hereby grant the above named church permission to copyright and use photographs taken at VBS of the minor designated above to produce a VBS slide show which will be shown at the VBS Closing Service on Sunday, August 6. 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 (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 August 6 of this year.

\_\_\_\_\_  
Parent Signature Date