

St. Paul VBS; June 17-21, 0900-1200

Parent Personal Information

First Name		Last Name	
Address			
City	State	Zip Code	
Email			
Cell Phone Number		Other Phone Number	

Student Personal Information

First Name		Last Name	
Nickname		Gender <input type="radio"/> Female <input type="radio"/> Male	
Medical Information		Medical Issues or Special Needs	
Allergies			

Other Information

Home Church (If Applicable)
Grade student will enter in Fall of 2019
T-Shirt Size: YXS; YS; YM; YL; YXL

Photo Release:

- 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.

Signature

Emergency Contact

Contact First Name
Contact Last Name
Phone Number
Alternative Phone Number
Alternate Pickup First Name
Alternate Pickup First Name
Alternate Pickup Phone



By signing this form you've agreed to the following:

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.

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 December 31, 2018.