

VBS 2017: Super Heroes of the Bible
Vacation Bible School Registration Form

June 12, 13, 14, & 15 - Monday -Thursday
6pm - 7:45pm

Child Information

Full Name:	Date of Birth:	Age:
Address:		
Grade Just Completed:	Child Lives with: (check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	

Parent/Guardian Information

Parent/Guardian Name(s):	Home Phone:	Cell Phone:
Address (if different than above):		
Preferred Email Address:		
Parent/Guardian Name(s):	Home Phone:	Cell Phone:
Address (if different than above):		
Preferred Email Address:		

Accompanying Adult

Name:	Contact Information (if different than above):
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A donation of \$10 per child with a maximum of \$20 per family is requested but not required.

Please make checks payable to: Good Shepherd Lutheran Church

Emergency Information

Emergency Contact Name:	Relationship:	Home Phone:	Cell Phone:
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Emergency Contact Name:	Relationship:	Home Phone:	Cell Phone:
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Health Information

Doctor's Name - Location:	Phone Number:
Medical Insurance Company:	Policy Number:

Please Indicate below any medical needs the staff should be aware of:

Food Allergies/Intolerances, Allergies, Asthma, Physical Restrictions:
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Promotional Release

I give permission for my child's photo to be released for publicity purposes without compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parental Release

I am the parent/guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in vacation bible school related events/activities. In the event of an emergency and I cannot be reached, I give permission for the supervising staff to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission for those administering emergency treatment to do so, using those measure deemed necessary. I furthermore absolve those acting on my behalf in their regard to liability, as long as there is no gross negligence.

(Please attach a clear statement regarding treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)

Parent/Guardian Signature:	Date:
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Forms MUST be returned by May 15th to:
Good Shepherd Church
Attn: VBS Coordinator - Erin Bluhm
52688 275th Ave - Plainview, MN - 55964