

Zion Lutheran Church: Vacation Bible School Registration Form: July 25-29

(One form per child, please)

*Student Name (First and Last): _____

Age: _____ Gender: Male Female Grade entering: ---- _____

Shirt Size: S M L XL 2XL Youth Sm Youth M Youth L

Home Church (if applicable): _____

Allergies: _____

Medical Issues or Special Needs: _____

*Parent Name: _____

*Address: _____

*City, State, Zip: _____

*Email: _____

*Home/Cell Phone Number: _____

*Emergency Contact: _____

*Emergency Phone: _____

Alternate Pickup Name: _____

Alternate Pickup Phone: _____

***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.

Initial: _____

***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.

Initial: _____

***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 of this year.

Initial: _____

***Liability Waiver:** I understand that while Zion will host VBS within current COVID guidelines, all activities pose some risk of transmission of COVID-19 and other illnesses. By sending my child to VBS, I release Zion and all its VBS volunteers from any liability should my child become sick or exposed to the virus while in the care of Zion.

Initial: _____

****Please return form to Church or School office or Shelby Bertels.****

Parent Signature

Date