

Vacation Bible School  
Trinity Lutheran  
July 31<sup>st</sup> – August 4<sup>th</sup>

# REGISTRATION



Student's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Primary Telephone Number(s): \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Emergency Contact person and phone: \_\_\_\_\_

Medical concerns and/or food allergies: \_\_\_\_\_

Medications needed (emergency only): \_\_\_\_\_

Does anyone else have your permission to pick up your child? Please list their name and phone number here:

\_\_\_\_\_

Is there anyone who is NOT permitted to pick up your child? Who? \_\_\_\_\_

**I give Trinity Lutheran Church permission to use my child's photograph in promotional pieces, both inside and outside of the building, including use on the church website and Facebook page. \_\_\_ Yes \_\_\_ No**

I understand that in the event of a medical emergency, or if any medical or surgical care becomes necessary for my child, every reasonable attempt will be made to contact me. If I am unavailable, I grant the Trinity Lutheran Church staff and volunteers permission to authorize emergency attention and care as recommended by a licensed physician. Consent is also given to admit him/her to any hospital or medical facility for all medical, surgical, diagnostic and hospital procedures or treatment as deemed immediately necessary or advisable to safeguard my son or daughter. I waive my right to informed consent for said treatment. I release and discharge Trinity Lutheran Church, the ELCA, and/or its representatives from any liability whatsoever in exercising this permission.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Thank you! We look forward to seeing your child at 9 a.m. on July 31<sup>st</sup>!

Your donation of \$10 per child helps to cover snack and craft expenses.