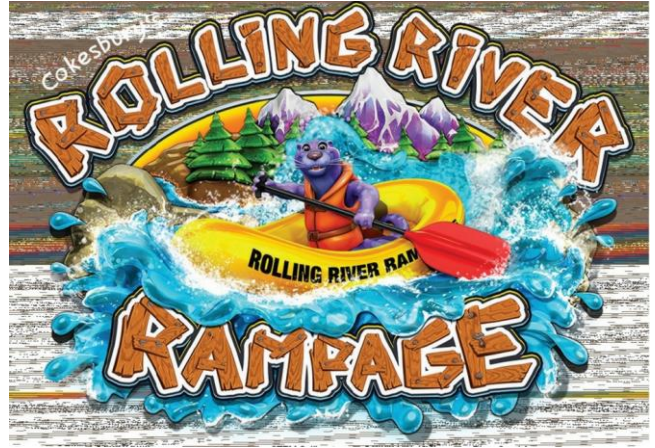


Vacation Bible School
Trinity Lutheran
July 9th - 13th
REGISTRATION



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 9th!

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

Please return to the Trinity office by Monday, July 2nd

P.O. Box 97, Freeland WA 98249 or email, AmyTLCYouth@Gmail.com