

I Spy Salvation's Story



Grace Lutheran Church
Lexington, MO

July 14 – July 18
5:45 PM – 8 PM

VACATION BIBLE SCHOOL REGISTRATION

Child's Information:

Name: _____

Sex: M F DOB: _____ Age: _____ Grade Completed: _____

Allergies or medical conditions: _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____ City: _____

Home Church (if applicable): _____

Contact Information:

Cell: _____ Work: _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____

Alternate Pick-up:

Name: _____

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.

***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.

***Permission to Attend:** I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above.

Parent Signature

Date