

Calvary Lutheran Church Vacation Bible School Registration

Child's Name: _____

Child's birthdate: _____ Grade entering in the fall: _____

Home Mailing Address:

Home Church:

Parent/Legal Gurardian Name:

Parent/Legal Guardian Phone Number:

Home _____ Cell Number _____

Parent/Legal Guardian Email Address: _____

Alternate emergency contact name &
number: _____

Persons authorized to pick up child. _____

Any known allergies/food restrictions:

Medical Insurance company and policy

number: _____

Doctor: _____ Phone: _____

I understand that every effort will be made to contact me if my child needs medical treatment. If it is impossible to do so, I give my permission to a physician selected by Calvary Lutheran Church to secure proper treatment, to hospitalize, order injections, anesthetize, perform x-rays, or do surgery for my child.

Signature of

parent/guardian: _____ Date: _____

Print parent/guardian

name _____

Continue on back ->

Photo/Media Waiver:

Calvary Lutheran Church has my permission to use photographs, video, likenesses, artwork, stories, poems, etc., of my child/children from Calvary sponsored events and activities in/on its future publications, website, social media and other promotional materials produced, used by and representing the programs of Calvary. Calvary may submit such materials for publication in/on newspapers, the Calvary website, social networks, and other media. I understand that: the circulation of the materials could be worldwide; images may be posted on the worldwide web for an indefinite period; Calvary cannot control the viewing and use of these images once they are published; there is no compensation to me for the use of such images and materials. I understand that the policy of Calvary is to not include names of minors in public media though sometimes others may comment with names in comment sections.

Parent/guardian signature:

_____ Date: _____

Print parent/guardian name: _____

Though I anticipate no behavioral problems, I will be available and ready to come get my son/daughter if he/she does has any major discipline issues. I will support the Calvary VBS Team, who has authority and responsibility for implementing this event. I will plan on having myself, or another approved adult, present to sign my child out at 1 p.m.

I will also keep my youth, the leaders and the entire group, in my thoughts and prayers.

Parent or legal guardian
signature _____ Date _____