



LUVERNE UNITED METHODIST CHURCH

STUDENT REGISTRATION FORM

VACATION BIBLE SCHOOL - JULY 14-17, 6:15PM TO 8PM

(Please Print - 1 Form required for each child!)

Child's Name _____ Tshirt Size Youth or Adult _____

Child's Age _____ Child's Birth Date _____ Child's Grade _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Mobile _____

Email _____ Preferred Contact Method _____

EMERGENCY INFORMATION

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Doctor _____ Phone _____

Allergies or Special Needs _____

DISMISSAL

Who may pick up your child at the end of each VBS day?

Name _____ Relationship _____

Name _____ Relationship _____

RELEASE / PERMISSIONS

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 LUMC 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 to attend Vacation Bible School (VBS). I understand that the information I give for this registration will only be used by LUMC.

Parent/Guardian Signature _____ Date _____