



# LUVERNE UNITED METHODIST CHURCH

## STUDENT REGISTRATION FORM

### VACATION BIBLE SCHOOL - JUNE 8-11, 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

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Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or Special Needs \_\_\_\_\_

#### DISMISSAL

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

#### RELEASE / PERMISSIONS

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**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 \_\_\_\_\_

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Luverne United Methodist Church

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