



Registration Form for 2010 Vacation Bible School

July 26 – 29, 5:30 p.m. – 8:30 p.m.
With a light dinner served daily at 5:30 p.m.
Registration Fee - \$20.00



Child's name: _____

Child's birthday: _____ Child's Age: _____

Parent's name: _____

Home address: _____ City _____

Zip Code: _____ - _____ Church home: _____

Email address: _____

Home Phone: _____ Cell Phone: _____

Emergency contact: _____ Phone _____

Food allergies or medical conditions: _____

Name of person(s) allowed to pick up child from VBS: _____



The undersigned hereby releases Memorial Drive Lutheran Church, its volunteers, agents, and employees, of and from any and all claims, demands, actions, and causes of action including, but not limited to, liability for damages for personal injury and damages caused by the negligence of the released parties, which in any manner arise from the participation of the undersigned's child or children in the 2010 Vacation Bible School program at Memorial Drive Lutheran Church.

The undersigned also grants permission for Memorial Drive Lutheran Church to use photos of the above-named child and other members of my family for evangelical purposes. I understand that any publication of such photos will not include any personal identifying information unless separately and specifically authorized by me.

Signature _____

Please print name _____

Relationship to child _____