

Registration & Release Form

Send

Vacation Bible School (VBS) 2017

July 3 - 7, 2017

Name of Child: _____ Birthday: _____

Address: _____ Age: _____

City: _____ Postal Code: _____ Phone: _____

Parents' Names: _____

Family Church: _____ Attends Sunday School: Yes/No _____

School: _____ Grade (Current or Last Completed): _____

Emergency Contact

Name: _____ Relationship: _____

Emergency Phone Number: _____

People who will be picking up your child: _____

Health Information

Does your child have any severe or life-threatening allergies? Yes/No _____

If yes, please explain: _____

Is your child bringing any medication with him or her? (Antibiotics, ventilator, Ritalin) Yes/No _____

If yes, please explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? Yes/No _____

If yes, please explain: _____

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, *Redeemer Lutheran Church*, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Redeemer Lutheran Church is committed to safeguarding the information provided on registration forms. Your information will not be shared with any organization beyond *Redeemer Lutheran Church*.

I hereby give permission for images of my child, captured during regular activities through video, photo and digital camera, to be used solely for the purposes of *Redeemer's* promotional material and publications, and wave any rights of compensation or ownership thereto.

Parent/Guardian's Name: _____

Date: _____

Parent/Guardian's Signature: _____ Date: _____

Redeemer Lutheran Church

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