

# Registration & Release Form

Send

Vacation Bible School (VBS) 2018

July 2 - 6, 2018

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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