

Vacation Bible School (VBS) Registration Form

Child's Name

Age

Parent/Guardian's Names

Address

Email Address:

Phone

Cell phone

Who, other than you, is authorized to pick up child?

Do you have a home church?

Yes

No

If Yes, where?

Does your child have any allergies or special needs we should be aware of?

I _____, hereby give my consent as the parent/guardian of

_____ to participate in Abiding Grace Lutheran Church's Vacation Bible School (VBS) held at 5500 Hwy 212, Covington, GA. My child and I hereby release, indemnify, and hold harmless the church's employees and volunteers from any and all liability for any claim, injury, or loss sustained by my child's participation in VBS activities. I also give permission for pictures/video of my child to be used in the advertising of Abiding Grace. In the event of an emergency, the staff has my permission to seek necessary medical treatment for my child.

Signed

(parent/guardian):

Date:
