

Vacation Bible School

PERMISSION FORM

**To help us with planning, please register by June 21st, 2009.*

Child's Name

Age

Address: _____

Parents'/Guardians' Names: _____

Home Phone: _____ Cell Phone: _____

Where will parents be during day? _____

If not parents, who will be picking child up? _____

Allergies (food, medicine, or otherwise), medical conditions, or other special needs of which we should be aware: _____

Do you have a church home? _____ If yes, where? _____

I, _____, hereby give my consent as the parent/guardian of _____ to attend/participate in Abiding Grace Lutheran Church's Vacation Bible School (VBS) on June 22-26, 2009 at Abiding Grace's Ministry Center at 5510 Hwy 212 in Covington, GA. My child and I hereby release, indemnify, and hold harmless the church, its employees and/or volunteers from any and all liability for any claim, injury, or loss sustained by or during my child's participation in Christmas for Kids. I hereby authorize Abiding Grace to take and use photographs and/or video of my child for crafts, keepsakes, or promotional purposes in any type of media and understand I will not be compensated for any such use.

In the event of an emergency, the staff has my permission to seek necessary medical treatment for my child.

Signed (parent/guardian): _____ Date: _____

*Return this form by **fax:** 832-218-7568; **mail:** 5510 Hwy. 212 Covington, GA 30016; **or join us at church** and turn it in there! We currently worship at Total Childcare Experience, 25 Lover's Lane Rd. in Covington, on Sundays - 9:15 Bible Class/Sunday School, 10:30 Worship.*