

Trinity Lutheran Church

Catch the Wave VBS Registration Form

JULY 12, 2014 • 10am - 3pm

\$5 REGISTRATION FEE
SPACE IS LIMITED
FOR KIDS AGES 5 TO 12



CHILD'S NAME: _____ AGE: _____

BIRTHDATE: _____ BAPTIZED?: _____
YES / NO

FOOD / MEDICAL ALLERGIES: _____

OTHER INFO WE SHOULD KNOW: _____

PARENT / GUARDIAN NAME: _____

PHONE #: _____ CELL #: _____

EMAIL ADDRESS: _____

ADDRESS: _____

HOME CHURCH (if applicable): _____

EMERGENCY CONTACT: _____ PHONE #: _____

HOW DID YOU FIND OUT ABOUT "CATCH THE WAVE" VBS? _____

WAIVER, MEDICAL PERMISSION and PRIVACY DISCLOSURE STATEMENT (Please Read Carefully)

I understand that, while the teachers, helpers and leaders of Trinity Lutheran Church's Catch the Wave VBS will take precautions to ensure the safety of all children while they are at the VBS, I will not hold them liable for any injury or cost incurred by injury during the activities of the VBS;

I acknowledge that it is my responsibility to advise Trinity Lutheran Church Catch the Wave VBS of any medical or health concerns of my child that may affect his/her participation in the activities of the VBS;

I consent that Trinity Lutheran Church Catch the Wave VBS, through its employees, agents and volunteers may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services;

I understand that the contact information collected on this form may be used by Trinity Lutheran Church to invite me/us to future events and activities of the congregation;

Photos and videos taken of Catch the Wave VBS activities and participants may be displayed in the church, on the internet, published in various publications of the local, district and national Lutheran church bodies and/or used for promotional purposes outside of the church. No personal names or other private information will be published without consent.

I HAVE READ THE ABOVE AND AGREE TO THE CONDITIONS.

Signed on the _____ day of _____ 2014.

Signature of Parent/Guardian: _____

Please Print Name: _____