



VBS Registration Form

(one per child)

St. John's Evangelical Lutheran Church
99 Church Street, Hamburg, PA 19526
Office: 610-562-3808

Monday, July 22 – Thursday July 25
6:00 – 8:30 PM

Child's Name _____ Child's Gender _____

Child's Age _____ Date of Birth _____ Grade during 2017-2018 _____

Name of Parent _____ Home phone _____

Street Address _____

City _____ State _____ Zip Code _____

Parent Cell _____ Parent email _____

Home Church _____

How did you hear about Vacation Bible School? _____

How many years have you attended Vacation Bible School? _____

Emergency Contact (different from above)

Name _____ Phone _____

Relationship to Camper _____

Name _____ Phone _____

Relationship to Camper _____

People authorized to drop off and pick up child _____

Child's Name: _____

Medical information

Allergies _____

Medication _____

Other Medical Concerns/Restrictions _____

Insurance Company _____ Phone _____

Member ID# _____ Group # _____

Medical Release

To the best of my knowledge all registration and health information is correct. Any images recorded while participating in church activities may be used for the church's promotion free of any claims. I give permission for my child to participate in all church activities except as noted and agree that the church or its staff and volunteers will not be held responsible for accident or personal injury arising there from. In the event of an emergency, I give permission to the medical personnel and church staff to secure and/or administer any medical or emergency treatment, including hospitalization, deemed necessary for my child. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the church to arrange necessary transportation for my child. I understand that St. John's Lutheran Church is not responsible for medical costs due to illness or injury while at church events and I agree to cover all costs associated with any such illness or injury. I am the primary carrier of the accident/health insurance.

Parent Signature _____ Date _____

Photo Release (Please check the appropriate statement)

_____ I give permission for my child/myself to be photographed or videotapes during activities at church. Any images recorded while participating in church activities may be used for the church's promotion free of any claims.

_____ I do not give permission for my child/myself to be photographed or videotaped during church activities.

Parent/Adult Signature _____ Date _____

Parent/Adult Name (Print) _____