

## VACATION BIBLE SCHOOL REGISTRATION 2019

Miraculous Mission July 21-25 from 6-8pm at  
Immanuel Lutheran Church 4820 Oster Parkway Cedar Falls, IA 50613

(One form per child, please)

\*Student First Name: \_\_\_\_\_

\*Student Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Age: \_\_\_\_\_

Gender (circle): Male Female

Grade just finished: \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Issues or Special Needs: \_\_\_\_\_

\*Parent Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_

\*Zip: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Alternate Pickup Name: \_\_\_\_\_

Alternate Pickup Phone: \_\_\_\_\_

General Information: \_\_\_\_\_

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church, and that all registration information will be removed from the hosting site by December 31 of this year.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date