



# St. Marks Lutheran Church

## VBS 2018 Registration Form

600 Stevens Drive, Wausau, WI 54401

715-848-5511

VBS Week: July 23-26, 2018; 9:00 am to 12:00 pm  
Children who have completed 4k to entering 5<sup>th</sup> grade  
in 2018.

Parent/Guardian Name \_\_\_\_\_

Street, Address, City, Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Church \_\_\_\_\_

Phone Number: Home & Cell \_\_\_\_\_

### *First Child's Information*

Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade in Fall 2018 \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

### *Second Child's Information*

Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade in Fall 2018 \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Dismissal Information

Name(s) of person(s) who may pick up my child(ren) from VBS \_\_\_\_\_

**Photo Release:** Can your child(ren) be photographed & the picture (no name) appear in church news articles in print and on the internet including our church Facebook page?

(Circle one:)    Yes                      No

If No:	Can we take picture with group for teacher?	Yes	No
	Can we use picture in video (if made) at the end of the week for parents?	Yes	No

I/We the undersigned have legal custody of the student(s) named above, a minor, and have given our consent for him/her to attend and participate in events being organized by the Youth Ministry at St. Mark's Lutheran Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property which may occur during the course of my/our child's involvement. in the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. in the event treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

\* Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_