



St. Marks Lutheran Church

VBS ++ Wausau

2016 Registration Form

600 Stevens Drive, Wausau, WI 54401 715-848-5511

VBS Week: August 15-19
from 9:00 am to 12:00 pm

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 _____ Age on August 10, 2016 _____ Grade in Fall 2016 _____

Allergies/Special Needs _____

Second Child's Information

Name _____ Gender _____

Date of birth _____ Age on August 10, 2016 _____ Grade in Fall 2016 _____

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 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 _____

This is not a Wausau School District sponsored activity and the opinions expressed are not necessarily those of the school district or its personnel