

VBS Registration Form
July 15-19, 2019
9:00 a.m.-Noon

St. Mark's Lutheran Church
600 Stevens Drive
Wausau, WI



Children ages 3 through 5th grade

Please fill out one form for each child attending

Child's Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home phone number: _____ Email: _____

Date of birth: _____ Home church: _____

School: _____ Grade completed: _____

Parent name: _____ Cell phone number: _____

Parent name: _____ Cell phone number: _____

Other siblings attending: _____

Allergies or other medical conditions: _____

Emergency contact person: _____ Phone number: _____

We plan to attend the free lunch on Friday at noon. Number attending: _____

Child's Name: _____

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 _____