

**Hope Lutheran Church, South Sioux City 68776**

**June 10 - 14, 2019 9:00-11:30 a.m.**

**VACATION BIBLE SCHOOL REGISTRATION**

(One form per child, please) forms also available at [www.hopelutheranssc.com](http://www.hopelutheranssc.com)

\*Student First & Last Name: \_\_\_\_\_

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

Gender: Male Female

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

T-Shirt Size (youth): \_\_\_\_\_

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

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

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

Place my child in the same group as (child's name): \_\_\_\_\_

\*Parent Name (first and last): \_\_\_\_\_

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

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

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

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

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

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

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

Emergency Contact (first and last name): \_\_\_\_\_

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

Alternate Pickup (first and last name): \_\_\_\_\_

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

Please CIRCLE Yes or No:

YES or NO 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.

YES or NO 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 to attend the Vacation Bible School (VBS) at Hope Lutheran Church. I understand that the information I give for this registration will only be used by Hope Lutheran Church, South Sioux City.

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

\_\_\_\_\_  
Date