



Emanuel Lutheran
Vacation Bible School
June 11-14, 2018
9:00a.m. - 11:30a.m.

Registration Form

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Address: _____

City: _____ Zip: _____ Telephone: (____) _____

Parent or (Guardian) Names: _____

Relationship: _____

Address (if diff.) : _____

City: _____ Zip: _____

Telephone: (____) _____ Cell or Wk: (____) _____

Please list any known allergies or other medical conditions:

By signing below, I give permission for photos of the above participants to be used for promotional purposes by Emanuel Lutheran Church. In the event of an emergency I, the below signed adult, give Emanuel Lutheran Church consent to seek emergency treatment or other medical help for the above named child/children at my expense. I understand that every effort will be made to contact me using the above listed information, or my emergency contact listed below.

Signature: _____ Date: _____

Emergency Contact Person: _____

Relationship: _____

Telephone: (____) _____ Cell or Work: (____) _____