

## Christ the Servant Lutheran Church

VBS June 26—30, 2017

## **Registration Form**

(One per Child)

Name:		Gender:
Date of Birth:	_Age	_Grade completed
Siblings Attending? (please list names and ages-fill out separate form for each child)		
Parent/Guardian:Address:		
City:		
Home Phone:	Cell pho	ne:
Email address:		
Allergies or other medical conditions:		
In Case of Emergency contact:		
Phone:		
Relationship to child:		

## Christ the Servant Lutheran Church Vacation Bible School 2017 Release And Photo Permission Form

As a parent/ legal guardian of	, I have reviewed the information School (VBS) and do hereby grant permission for my
child/ ward to participate.	gama parameter any
	will begin at 9am at Christ the Servant Lutheran Church in 12:00pm. I understand that my child/ ward will need to be Snacks will be given Monday through Friday.
Lutheran Church and its agents during the even by an accredited hospital/physician deemed nec	ons will be taken at all times by Christ the Servant and activities. I/ We authorize any medical treatment cessary in case of emergency. I/We agree not to hold rees and volunteer staff liable for any damages, losses or
Please Print Name	
Home Phone:	Cell Phone:
Signature	Date
Details: Christ the Servant Lutheran Church 4300 Carpenter Rd SE Lacey, WA 98503 360-456-2755	
	ants. We ask your permission to use close up pictures of ications to advertise and promote Christ the Servant
If you are willing to allow photos to be used str Church's Children's Programs please sign below	rictly for the promotion of Christ the Servant Lutheran w.
Failure to sign will not affect your child's abilit Lutheran Church's Children's Programs.	ty to participate in this or future Christ the Servant
Parent/ Guardian Signature	Date
Please list any other information we may need to	to know about your child: