



LIFT VBS REGISTRATION & MEDICAL RELEASE FORM 2017

Child's Name _____ Nick Name (if desired) _____

Age _____ Gender: Male Female Grade Entering _____

Home Church (if applicable) _____

Allergies _____

Medical Issues or Special Needs _____

It would be nice if my child is placed in same group as (child's name) _____

Parent Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone# _____ Home Phone # _____

Email _____

Other Phone# _____

Emergency Contact _____

Emergency Phone# _____

Alternate Pickup Name _____ Alternate Pickup Phone _____

Medical Release: I give my permission for the staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at this event of the minor designated above in any manner of 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 (named above) to attend this event listed above. I understand that the information I give for this registration will only be used by the event hosting church, and that all registration information will be removed from the hosting site by December 31 of this year.

Parent/Guardian Signature

Date