



Vacation Bible School 2019

Grades K-5
9am-Noon

July 15th-18th
Registration Form

Pres & Pre-K
9:30-11:30am

Date Received:

Name: _____ Birth Date: _____ Grade fall 2019: _____

Address: _____ City: _____ Zip: _____

Email: _____ Gender: M F

Main Contact/Pick Up Person: _____ Phone: _____

Mom's Name: _____ Cell Phone: _____

Dad's Name: _____ Cell Phone: _____

Emergency Contact Person (other than above) _____ Phone: _____

Medical Conditions and/or Allergies: _____

Parent Permission Slip:

I hereby consent to participation by my child, _____, in this activity. I understand that my child will be under the supervision of church staff and volunteers. In addition, I agree to indemnify and hold harmless Light of Christ Lutheran Church and Preschool, and its representatives, and volunteers, from any and all claims, including negligence, arising from or relating to my child's participation in this event.

Parent/Legal Guardian (sign) _____ Date Signed _____

Emergency Medical Release:

I (we), the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult volunteers of Light of Christ Lutheran Church and Preschool as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by an accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Light of Christ Lutheran Church and Preschool and of its ministries or leader in the event of injury during the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian (print) _____ Telephone _____

Parent/Legal Guardian (sign) _____ Date Signed _____

Health Insurance Company _____ Policy or Group Number _____ Phone _____

Does your child have any medical or special needs, including medications currently being use? No Yes if yes, please

Explain: _____

Picture Permission:

I (we), the undersigned parent(s) or guardians(s) of _____, a minor, do hereby grant permission for Light of Christ Lutheran Church and Preschool to take and publish pictures of the above mentioned child for use in promoting Children's Ministry programs at Light of Christ Lutheran Church and Preschool.

Parent/Legal Guardian (sign) _____ Date Signed _____

Suggested Offering \$15 to cover cost of supplies

(Make checks payable to LOC) Amount Paid: \$ _____ Date: _____ Cash or Check # _____

Light of Christ Lutheran Church and Preschool 2400 SW 344th St Federal Way, WA 98023 253-874-2517