

# VBS Registration

## Participant Information

- Full Name:
- Date of Birth:
- Age:
- Grade (entering in fall):
- Gender:

## Guardian & Emergency Contact Information

- Guardian's Full Name:
- Relationship to Participant:
- Phone Number:
- Email Address:
- Address:
- Emergency Contact Name:
- Relationship to Participant:
- Phone Number:

## Health and Safety Information

- Allergies or Medical Conditions:
- Medications:
- Special Needs or Accommodations:
- Persons Authorized to Pick Up Participant:
- Phone Number of Authorized Person(s):

## Additional Information

- Church Affiliation (if any):
- How did you hear about our VBS?:
- Photo Release:
  - I give permission for my child's photograph to be used in church publications and online media in connection with promoting Vacation Bible School.
- Medical Release:
  - I authorize the leaders of Vacation Bible School to seek medical treatment for my child in case of an emergency.

**Signature of Guardian:**

**Date:**

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