



VBS Registration Form (One Per Family)

Our Savior Lutheran Church

6705 W. 77th St. Westchester, CA 90045

July 12th-16th 5pm-7pm

Child(ren)'s name(s): _____

Child(ren)'s age(s): _____ Last school grade(s) completed: _____

T-Shirt Sizes: _____ Adult t-shirt sizes _____ \$10 donation per shirt, please write a check to Our Savior Lutheran church with VBS in the memo line.

Name of parent(s): _____

Home address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (____) _____ Cell phone: (____) _____

Email address: _____

Home church: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Cell Phone: _____ Relationship to child: _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS 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 VBS of the minor designated above in any manner or 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 the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church (Our Savior Lutheran Church).

Parent Signature Date