

St. Clairsville Lutheran Parish Vacation Bible School at Messiah Lutheran Church
Wednesday, June 18 at 12:00pm to Friday, June 20 at 7:00pm

REGISTRATION FORM
PLEASE FILL OUT ONE FORM PER CHILD
AND RETURN TO SHARON MAXWELL OR CHRISTINE FRAIZER
THANK YOU.

CHILD:

Last Name : _____ First Name : _____

Age : _____ Grade Completed June 2014: _____

PARENT(S):

Last Name : _____ First Name: _____

Last Name : _____ First Name: _____

Address : _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

How did you hear about St. Clairsville Lutheran Parish's Vacation Bible School?

: _____

Allergy/Special

Information: _____

Emergency Contact

: _____

Person(s) authorized to take child from the premises: _____

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Medical Release and Parental Consent Form Name of

Child: _____

Date of last medical checkup: _____

Date of last tetanus shot: _____

Doctor's

Name: _____ City: _____ State: _____

Doctor's 24 hour phone number: _____

Activity

Restrictions: _____

List Allergies and Medications: _____

Note: Emergency medications must be provided by the family for the child

What type of allergic reaction does the child have?

Is medication required for an allergic reaction? YES / NO

If Yes: Medication Name: _____

Is child currently taking medication?

YES / NO If yes, please complete

Name/Type of

Medication: _____

Reason for

Medication: _____

Dosage

instructions: _____

Note: All children who have a prescribed EPI Pen or inhaler are responsible for bringing them and keeping them while at VBS

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Emergency Contact People:

Name: _____

Relationship: _____

Telephone (Day and Evening): _____

Name: _____

Relationship: _____

Telephone (Day and Evening): _____

Parental Consent

I, _____ the legal guardian of
_____ authorize the leadership of St. Clairsville
Lutheran Parish to care for the administration of first aid treatment for any minor injuries
my child receives during the event. If the injury sustained is life threatening, or in need of
emergency treatment, I authorized the leadership of St. Clairsville Lutheran Parish to
summon any or all professional emergency personal to attend, transport and treat my child.
I agree to hold harmless any staff, assistants, and volunteer workers of St. Clairsville
Lutheran Parish from any and all claims, suits, claims, and actions of any kind whatsoever,
arising from their exercise of the power granted by this authorization.

Parent/Guardian

Signature: _____

Insurance

Company: _____ Policy Number: _____

St. Clairsville Lutheran Parish Vacation Bible School will take place at
Messiah Lutheran Church, 741 Messiah Church Road, Bedford, PA 15522.
Messiah Church Phone: (814) 623-0390

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St. Clairsville Lutheran Parish Photo/Video Consent Form

We are providing you with this parental consent form to both inform you and to request permission for your child's photo/image to be published on St. Clairsville Lutheran Parish's website (<http://www.stclairsville-lutheranparish.net/>) and the parish's Facebook page. **This consent form is solely for the use of photo images, and those images will not have any individual names associated with them in any way**

To GRANT PERMISSION to use your child's pictures:

I, _____ (Please print your name)

GRANT PERMISSION

for St. Clairsville Lutheran Parish to publish pictures of my child,

_____ (Please print child's name) on the

parish's website and Facebook page. I further state that I have the right to give this permission as I am the child's parent or legal guardian. I understand that if I give notice to the webmaster that I object to any picture on the website, it will be removed as soon as possible.

Signed: _____ Dated: _____

To REFUSE PERMISSION to use your child's pictures:

I, _____ (Please print your name)

REFUSE TO GRANT

PERMISSION

for St. Clairsville Lutheran Parish to publish pictures of my child,

_____ (Please print child's name) on the

parish's website and Facebook page. I further state that I have the right to give this permission As I am the child's parent or legal guardian.

Signed: _____

Dated: _____

RETURN TO SHARON MAXWELL OR CHRISTINE FRAIZER, THANK YOU.