Vacation Bible School 2009

Permission Form

Office Use Only:
Paid by: cash $_____
check #_____
date _____
Scholarship _____
Confirmation Letter sent _____
Crew Number _____

Child's Name: _____ Birth Date ____/____/____
First Last

Child's Name: _____ Birth Date ____/____/____
First Last

Child's Name: _____ Birth Date ____/____/____
First Last

Child's Name: _____ Birth Date ____/____/____
First Last

Child's Name: _____ Birth Date ____/____/____
First Last

Parent/Guardian Permission to Attend and Participate:

I understand and certify that my child's participation in Vacation Bible School and its activities is completely voluntary.

I recognize that there are a variety of activities that will take place. I acknowledge that although Emanuel Lutheran Church (ELC) and Concordia Lutheran Church (CLC) have taken reasonable safety precautions, they cannot guarantee that the participants, equipment, premises and/or activities will be free of accidents and/or injuries. I further recognize and have instructed my child/children in the importance of knowing and abiding by the events rules for the safety of all participants.

My signature indicates that I understand the above statements and that I hereby give permission to ELC and CLC to seek medical attention and to release any records necessary for insurance purposes. In the event that I cannot be reached in an emergency, I hereby give permission to the director/teacher to secure and administer treatment, including hospitalization of my child.

Signature:_____Date: _____

Printed Name: _____

Photographic Release:

Participant and/or Participant's Parent/Legal Guardian does hereby grant and convey unto Emanuel Lutheran Church (ELC) and Concordia Lutheran Church (CLC) all right, title, and interest in any and all photographic images and video or audio recordings made by ELC and CLC during the participant's Activities with ELC and CLC.

Signature:_____Date: _____

Printed Name: _____

Registration Deadline: June 23, 2009