



Bethany Lutheran Church
2010 Vacation Bible School Registration Form
 July 5-9, 2010 ~ 5:30-8pm



Children registering must be 3 years old and diaper free
 Please PRINT clearly.

Name _____ M/F ____ Grade completed as of 6/2010 ____ DOB _____

Address _____ City/State/Zip _____

Parent(s)/Guardian(s) _____ Phone(home) _____

Where can you be reached during VBS? _____ Phone(cell) _____

*****See reverse for important medical information*****

I acknowledge that as my child participates in activities at Bethany Lutheran Church that photographs may be taken at events. Bethany may use these photographs in slide shows, church scrapbooks, on church bulletin boards or on the church's website.

In case of a medical emergency, I hereby give permission to the physician selected by the Sunday School Staff of Bethany Lutheran Church to secure proper treatment and /or hospitalization for my child. (The Sunday School Staff will make every attempt to reach the parent/legal guardian listed above.)

I hereby release Bethany Lutheran Church and any other parties from liability in case of accident.

Parent/Guardian Signature _____ Date _____

Medical Information

Milk Allergies Lactose only or ANY form of dairy?	Other Allergies ie. Peanut? Tree nut? Penicillin? How severe?	Special Accommodations ie. ADHD/ADD, Autism/Aspergers

IF NOTHING IS MARKED, NO ALLERGIES WILL BE ASSUMED!