

# 2024 Vacation Bible School Registration Form

June 10<sup>th</sup>-13<sup>th</sup>, 12:30-4:30 pm

Child's Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Parent/caregiver phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Parent/caregiver phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Pick-up/Drop-off Person(s): \_\_\_\_\_

# **2024 Vacation Bible School** Participation and Image Consent

## **St. Peter Lutheran Church**

### **Participation Consent and Authorization to Consent to Medical Treatment**

I / We the parents or legal guardians of \_\_\_\_\_, a minor, give my / our consent for my child to attend and participate in Vacation Bible School at St. Peter Lutheran Church in Prairie du Chien; 201 South Michigan Street, Prairie du Chien, WI and off property activities sponsored by the Church. I understand that there will be adult supervision at this event.

I /We hereby authorize St. Peter Evangelical Lutheran Church personnel to seek medical attention that may be necessary in emergency situations should they be unable to contact parents/guardians. I, We, hereby, consent to any medical treatment or care deemed necessary by medical personnel or hospital staff. The expense of such treatment is agreed to be the sole obligation of the undersigned, and St. Peter Evangelical Lutheran Church is hereby released from responsibility to pay for such services rendered. We further agree that the Church, Church Council, Church staff and Church volunteers are relieved of all liability in the event of accident or injury.

### **Image Consent**

I / We do \_\_\_\_\_ do not \_\_\_\_\_ give my consent for photographs and video images of my child to be used on the St. Peter website, St. Peter Facebook page, classroom videos/posters, church services and/or church publications.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_