

**Gustavus Adolphus Lutheran Church  
 Vacation Bible School Registration Form  
 August 6-10, 2007**



<b>Child's Name</b> <i>Please include first, middle, last</i>	<b>Grade Completed</b> <i>(Or Preschool)</i>	<b>Birth date</b>	<b>Age</b>

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell/Pager: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell/Pager: \_\_\_\_\_

Additional Address for Mailings (if applicable): \_\_\_\_\_

Emergency Contact Person & Phone # during VBS: \_\_\_\_\_

Medical Concerns or Special Needs: \_\_\_\_\_

Church Home: \_\_\_\_\_

**Release of Liability**

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Gustavus Adolphus Lutheran Church, its staff and volunteers permission to act on my behalf in seeking medical treatment for my child in the event that such treatment is deemed necessary.

Insurance Co: \_\_\_\_\_ Policy # \_\_\_\_\_

Hospital of choice: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
*Parent or Guardian signature*

**Public Relations Permission**

I authorize my child to be included in photographs and videos taken during the week for Gustavus Adolphus Vacation Bible School purposes.

\_\_\_\_\_  
 Parent or Guardian signature

\_\_\_\_\_  
 Date

**Please call me about being a VBS volunteer!**