

**St. Matthew Lutheran Church**  
**VBS Registration**  
**June 28<sup>th</sup> – July 2<sup>nd</sup>, 2010 – 6:30 – 8:30 p.m.**

Please use one form per family. Please use a separate form for each guest family.

<u>Child's Name</u>	<u>Male/ Female</u>	<u>Date of Birth</u>	<u>Grade Completed</u>	<u>Age</u>	<u>Home Church</u>	<u>Allergies/ Special Needs</u>	<u>Name your child would like to use</u>

Fee attached \$ \_\_\_\_\_ \$15/1<sup>st</sup> child; \$30/2 children; \$10/each additional child. Maximum of \$45 per family.

Parent's/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ Phone(s): \_\_\_\_\_

Emergency phone # \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Is parent/guardian volunteering in VBS? \_\_\_Yes \_\_\_No If yes, where? \_\_\_\_\_

**See backside for parent signature and medical release. This must be completed.**

## Medical / Liability Release

Every activity sponsored by St. Matthew is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree to not hold St. Matthew Lutheran Church or its employees or volunteer assistants liable for damages, losses, or injuries to the person/s listed on reverse. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR ENROLLING YOUR CHILD IN VACATION BIBLE SCHOOL!!**

St. Matthew ELCA, 1725 So. 60<sup>th</sup> St. Omaha, NE 68106  
(402)556-7030