



Vacation Bible School Participant Registration Form (Summer 2018)

Participant First Name _____ Middle Initial _____ Last Name _____

Date of Birth (mm/dd/yy) ____ / ____ / ____ Age _____ T-shirt size _____

Participant First Name _____ Middle Initial _____ Last Name _____

Date of Birth (mm/dd/yy) ____ / ____ / ____ Age _____ T-shirt size _____

Participant First Name _____ Middle Initial _____ Last Name _____

Date of Birth (mm/dd/yy) ____ / ____ / ____ Age _____ T-shirt size _____

Parent/Guardian Name _____

Mailing Address _____

City, State, Zip _____

Email Address _____

Primary Phone Number (____) _____ - _____

Secondary Phone Number (____) _____ - _____

Additional Emergency Contact Name _____

Contact Phone Number (____) _____ - _____ Relationship to Participant _____

Is the participant(s) covered by family medical insurance? Yes _____ No _____

Insurance Company _____

Group or Policy # _____

Preferred Hospital _____

Primary Physician _____

Physician's Contact Number (____) _____ - _____

Is the participant up to date on immunizations? Yes _____ No _____

List physical limitations: _____

List allergies: _____

List all medications being taken: _____

Dietary Requirements/Restrictions (if any): _____

(continue on back)

Please return completed forms to St. Matthew's church office by **Sunday, June 17th** OR scan and email this completed form to Kiley Compton (kiley.compton@ralstonschools.org)



Release of Liability – Photographs/Video

I/We hereby grant St. Matthew Lutheran Church, its representatives, employees, agents, and assigns, the irrevocable and unrestricted right to use, reproduce, and publish photographs of me, including my image and likeness, as depicted therein, for editorial, trade, advertising, or any other purpose and in any manner or medium: to alter the same without restriction; and to copyright the same. I/We hereby grant St. Matthew and its officials, employees, agents, legal representatives, and assigns from any and all claims, actions and liability related to its use of said photographs.

Initial: Agree _____ or Do Not Agree _____

Permission to Attend

I/We do hereby grant permission for my/our child to attend the St. Matthew VBS event from Monday, June 18th through Friday, June 22nd, 2018. All youth at all times will be supervised by church staff and/or adult volunteers while participating in this event.

Initial: Agree _____ or Do Not Agree _____

Medical Release

I/We the parent(s) or legal guardian(s) of our son/daughter listed below hereby give my/our permission to participate in the St. Matthew VBS activities. I/We understand that I/We will be notified as soon as possible in the event of an emergency, but in the event I/We cannot be contacted immediately, I/We also hereby authorize and consent to emergency first aid, to medical examination and to x-ray, anesthetic, medical, dental, or surgical diagnosis, treatment and care rendered by or under the general or special supervision of licensed medical personnel.

Initial: Agree _____ or Do Not Agree _____

Release of Liability – Illness or Injury

In the event of illness or injury, I/We waive any and all claims now existing, known or unknown, or arising hereafter, and specifically agree that St. Matthew Lutheran and any related employees or entity, their agents, and any volunteers connected with this activity are fully released from any and all liability and damages except for those arising from the negligent acts or omissions of the Church, its agents and employees, or activities leaders.

Initial: Agree _____ or Do Not Agree _____

By providing my signature below, I hereby complete my agreements to the above releases.

Parent Signature _____ Date _____ Participants

Name (Please Print) _____

(continue on back)

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