

# VBS Registration Form

August 2<sup>nd</sup> - 6<sup>th</sup> 9:00 a.m - 12:00 p.m

One form per child

\$35 Registration Fee

Lutheran Church of the Resurrection

9812 Hamilton Avenue Huntington Beach 92646



Child's Name: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Child's T-Shirt Size: (CIRCLE ONE) 2/4    6/8    10/12    14/16

Parent's Names: \_\_\_\_\_

Email: \_\_\_\_\_

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

Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Food Allergies:    Y    N    List: \_\_\_\_\_

Medical Concerns:    Y    N    Explain: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Siblings Attending VBS:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Liability Release

I, in consideration of my child's participation in LCR's Vacation Bible School and Friday BBQ and Water Play Party hereby release LCR, its officers, employees and agents, volunteers and any other people connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for my child during Vacation Bible School and during the BBQ and Water Play Party on Friday, August 6<sup>th</sup>, which occurs after the conclusion of VBS on Friday. **I am aware of the risks of participation; I understand that participation in this event is voluntary. I freely choose to have my child participate in the Friday BBQ and Water Play Party under my supervision.** I understand that LCR does not provide medical coverage for my child. I verify that I will be responsible for any medical costs that my child may incur as a result of their voluntary participation, under my supervision.

\_\_\_\_\_  
Child's Name (please print)

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

For Office Use

Method of Payment: Check # \_\_\_\_\_ Cash: \_\_\_\_\_

Church: \_\_\_\_\_ Preschool: \_\_\_\_\_ Community: \_\_\_\_\_