



2008 VACATION BIBLE SCHOOL

June 23 – 27, 9:00 am - 11:30 am

Ages 4 years – 5th Grade

Registration Fee:

\$10/child – maximum \$25/family

PLEASE PRINT and USE ONE FORM PER FAMILY

NAME	BIRTHDATE	BOY or GIRL	PRESCHOOL (must be 4 yr) or GRADE COMPLETED	T-SHIRT SIZE (Youth XS, S, M, L or Adult M)	HEALTH CONCERNS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Parent/Guardian's Name _____

Address _____

Home Phone _____ Work or Cell Phone _____

Home Church _____

Name of friend you came with _____

Emergency Contact Person _____

Medical Release and Photo Permission

I give my child(ren) permission to attend VBS at Autumn Ridge Church. It is understood that they will follow the leaders' instructions. In case of medical emergency, I give permission to the physician selected to secure proper treatment for my child. This form releases Autumn Ridge Church of any liability.

I, the undersigned Parent/Guardian, hereby give to Autumn Ridge Church, its representatives, and those acting under its authority, the absolute right and permission to use any media in which my child(ren) is a participant, in whole or in part, made or recorded for use by Autumn Ridge Church. The media shall be used at the sole discretion of Autumn Ridge Church, and I waive any and all rights that I or my child(ren) may have to the media in connection with its use by Autumn Ridge Church, or the work in which it may be used. In the event such waiver should be ineffective for any reason, I hereby assign such right to Autumn Ridge Church. I release, discharge, and agree to hold Autumn Ridge Church harmless from and against any and all liability in connection with the use of such media.

Parent/Guardian Signature: _____

In case of emergency, I prefer my child to be taken to: Olmsted Medical Center _____ or St. Mary's Hospital _____

Paid Date: _____ Cash _____ Check # _____