



Grace Lutheran Church
Racine, WI
Vacation Bible School
July 19th-23rd 9:00AM-Noon

Student Name: _____

Age: ____ Gender: Male Female Grade just finished: ____

Home Church (if applicable): _____

Allergies: _____

Medical Issues or Special Needs: _____

Place my child in the same group as (child's name): _____

Parent(s) Name (first and last): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Emergency Contact (first and last name): _____

Emergency Contact Phone Number: _____

Please list those allowed to pick up your child from VBS: _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me. **Parent/Guardian Initials:** _____

Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied. **Parent/Guardian Initials:** _____

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church, and that all registration information will be removed from the hosting site by December 31, 2021. **Parent/Guardian Initials:** _____

Parent Signature

Date

Completed forms can be sent to Grace Lutheran Church 3700 Washington Avenue Racine, WI 53405.
Registration forms can also be filled out online: vbsmate.com/GraceLutheranRacine