

**2019 Vacation Bible School Registration and
Waiver Release Form**

Wednesday, July 17-19 & July 22-23

6:00-8:15pm

VBS is held at Zion Lutheran Church and School
222 N East Street, Anaheim, CA 92805

*Parents please have children arrive by 5:50pm for Check-in/Registration

Child's Name (Last, First)	Age	Birthdate	Baptized? Y/N

Parent(s)/GuardianName(s)_____

Address_____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Parent e-mail address _____ **Church Home** _____

The undersigned do(es) hereby give permission for my (our) child(ren): (List child(ren) name(s),

Signature

Date

to attend and participate in Zion Lutheran Church and Schools Vacation Bible School. (July 17-19 & 22-23)

LIABILITY RELEASE: In consideration of Zion Lutheran Church and School allowing the above child(ren) to participate in Vacation Bible School activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Zion Lutheran Church, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School.

Furthermore, we (I) [and on behalf of our (my) minor child(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein. As well as releasing the child(ren) if necessary for transportation to and from the Vacation Bible School location. We(I), the undersigned, do hereby release, forever discharge and agree to hold harmless Zion Lutheran Church and School, directors, employees, volunteers and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

Adult Signer's Initials _____

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization. **Adult Signer's Initials** _____

PHOTO/PICTURE PERMISSION: I (we) give my (our) consent to Zion Lutheran Church and School to use photo or video images taken of my (our) child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless Zion Lutheran Church and School from any liability which may result from the use of said picture(s). This form will apply throughout my (our) child(ren)'s attendance at Zion Lutheran Church and School's Vacation Bible School. **None of the photos to be taken will be for personal use. **Adult Signer's Initials** _____

Medical Insurance: YES ____NO ____

InsuranceCompany: _____ **Policy/GroupID#** _____

Allergies or Medical Conditions: *(If more than one child list each separately)*

Date of last tetanus shot *(Each child)* _____

Activity restrictions: _____

Emergency Contact person & phone #s in case parent/guardian cannot be reached:

Name: _____ **(relationship)** _____

Phone #s:

Parent/GuardianSignature _____ **Date** _____

Note: All information will remain confidential to Zion Staff & VBS Leadership.
Please return all completed Registration/Permission/Waiver forms to:
Zion Lutheran Church and School