

**Immanuel Lutheran Church**  
**Vacation Bible School**  
**Registration, Medical, and Media Release Form**

---

Child's name: \_\_\_\_\_

Register online?    Y    N    *If yes, you may continue to the Signature for Medical/Media Release.*

Child's age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

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

Home Church (if applicable): \_\_\_\_\_

---

**Medical Release**

Allergies or other Medical Conditions: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Doctor: \_\_\_\_\_

By signing below, I give permission to 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; and I release Immanuel Lutheran Church, its employees and staff, and its volunteers from any liability in the event of an accident.

---

**Media Release**

By signing below, I give permission to Immanuel Lutheran Church to use photographs and/or video of my child (named above) taken during VBS in Immanuel's print and online media (e.g. newsletters, church website, facebook, twitter, etc.); and I understand that no mention of my child's name will be included in any such media.

---

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_