

TRINITY LUTHERAN CHURCH

VACATION BIBLE SCHOOL REGISTRATION 2024 – JULY 15th – 19th

Forms must be returned by July 611^h to the church office at 1200 Easy Street, M-F 9-11:30AM
Or mailed to Trinity Lutheran Church, PO Box 1199, Brookings OR 97415 to be received by July 611^h

(PLEASE PRINT – USE A SEPARATE FORM FOR EACH CHILD)

FIRST AND LAST NAME: _____

NICKNAME: _____ AGE: _____ (Age 4 thru 6th grade) GRADE ENTERING: _____

GEND: M / F CHILD'S REGULAR CHURCH: _____

PARENT/GUARDIAN NAME: _____

ADDR: _____

CITY: _____ ST: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

HOME PHN: _____ CELL PHN: _____

OTHER/EMRG CONTACT #: _____

EMRG CONTACT NAME: _____

ALTERNATE PICKUP NAME(S): _____

NOTE ALLERGIES/OTHER SPECIAL NEEDS: _____

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

Photo release: I hereby grant Trinity Lutheran Church permission to copyright and use photographs/videos taken at VBS of the minor named 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 Signature

Date

IF YOU HAVE QUESTIONS ABOUT THIS FORM OR ABOUT VBS,
PLEASE CALL THE OFFICE M-F 9-11:30AM AT **(541) 469-3411**

IF NO ANSWER, LEAVE A MESSAGE, INCLUDING YOUR PHONE NUMBER, AND WE WILL GET BACK TO YOU