



# VBS Registration Form

Knight's Name \_\_\_\_\_

Parent/Family/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Last school grade completed \_\_\_\_\_

Home Church (if any) \_\_\_\_\_

Friends of your child at this church \_\_\_\_\_

**Special Needs/Allergies/Medical Information/Other:** \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name(s) of person(s) who may pick up this child from VBS \_\_\_\_\_

**Photo Release:** **Pali View Baptist** Church/VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

**Parent/Guardian's signature:** \_\_\_\_\_

----- (for church use only) -----

Assigned to Knight Group: \_\_\_\_\_

Are family members helping with Knights of North Castle? \_\_\_\_\_ If yes, where? \_\_\_\_\_