

VBS Student Registration for

Zion Lutheran Church

Return to Church Office: 520 E. Main Street, Pierce, NE 68767

For questions, please call 402-329-4313

Register Online: www.zionlutheranpierce.com



Parent/Guardian Information

Guardians' Name (First and Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Email Address: _____

Primary Phone Number: _____ Cell: _____

Home Church (If Applicable): _____

Emergency Contact Information

Contacts' Name: _____

Relationship to Student: _____

Home Phone Number: _____ Cell: _____

Can This Person Pick Up Registered Child(ren)? _____ (Y/N)

Alternate Pick Up Person: _____

Alternate Phone Number: _____ Cell: _____

Other Information: _____

Additional Information

Would you prefer a "CD/DVD," "Music Download Card," or "Neither Option"? (Underline One)

Should your child(ren) be grouped with another student? _____ (Y/N)

Special Grouping Information:

First Name	Last Name	Age	Perspective Grade (Going Into for 2024)

Student Information

Children to Attend VBS:

<i>First Name</i>	<i>Last Name</i>	<i>Age</i>	<i>Perspective Grade (Going Into for 2024)</i>	<i>Allergies</i>

Medical Information

Medical Issues/Special Needs: _____

Other Information: _____

Disclosure Agreement

1. Every activity sponsored by Zion Lutheran Church is adequately supervised, however, unforeseen events can occur. By signing, I agree to assume all risks associated with attending this event as to not hold Zion Lutheran Church, employees, and volunteers liable for damages, losses, and injuries to the person(s), and any personal property, registered.

2. By signing, I agree that this VBS may photograph and/or film the designated minor(s) for purposes that are lawful, appropriate, and related to Zion Lutheran Church and this VBS program. I understand that this media may be used for the purposes of promotion relating to Zion Lutheran Church and this VBS program.

3. By signing, I authorize Zion Lutheran Church and VBS staff to treat the above designated minor(s) using basic first aid, if needed. In the event of a major illness and/or injury, I authorize the use of professional medical personnel in the interest of providing emergency medical aid to the designated minor(s). I recognize that I will be responsible for all associated costs related to any medical care.

Signature: _____

Date: _____