



Ascension Lutheran Mini VBS Registration Form

(One Per Child)

Child's Name: _____

Child's age: _____ Date of Birth: _____ Last school grade completed: _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Caregiver cell phone: _____

Parent e-mail address: _____

Home church: _____

Allergies or other medical conditions: _____

In case of Emergency, Contact: _____

Phone: _____ Relationship to Child: _____

As the parent or legal guardian of _____ (**print name of child**), I hereby give permission for my child to participate in the Ascension Lutheran Church Mini VBS. I understand that it is a nonprofit charitable institution, which is voluntarily presenting this program for my child, other participants, and the community. I release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child's participation in the VBS whether or not resulting from negligence, and I agree not to sue its representatives, staff, or volunteers on any such claim. I also give permission for the staff, representative, or volunteers of Ascension Lutheran Church to administer first aid or to seek medical care for my child during my child's participation in the program, including transportation of my child to a medical facility for additional treatment that appears necessary.

Signature of Parent/Guardian: _____ Date: _____