



"For all the promises of God find their Yes in Him." ~2 Corinthians 1:20

Registration Form

(One per child)

Holy Trinity Lutheran Church
2511 S Pines Road
Spokane Valley, WA 99206-5703
(509) 926-7966

What: **Splash Canyon: God's Promise on Life's Wild Ride**
Vacation Bible School at Holy Trinity Lutheran Church

When: **July 9th - July 13th**, from **9:00am - 12:00pm**

Who: Children ages **3 years*** (fully potty trained) **through 5th grade****

*(Birthdays between August 31, 2007 through August 31, 2014)

**Children with special needs -- Precious Extra Attention Kids (PEAK) -- will need to be accompanied by an adult.

For more information, email or call phone number above. Form is also located on our website: www.holytrinitylcmc.org under the "VBS" tab.

Child's Name: _____ Age: _____ Birthdate: _____

Grade in School (2018/19): _____ Home Church: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____
(If different from street address)

Home Email Address: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Who will be picking up your child? _____ Phone: _____

Allergies (foods, bees, etc.) or other medical conditions: _____

Are you interested in helping during VBS? _____

Photo Release
Parent Initials _____ Photographs and/or videos are sometimes taken of VBS activities for HTLC publicity and promotional purposes which include, but are not limited to, in-house presentations, church websites, brochures, and newsletters. Children's names or information are never used. I hereby give permission for an HTLC representative, employee, or volunteer to take pictures and/or videos of my child during normal VBS activities. I hereby release HTLC, its volunteers and employees from liability for any violation of any proposed or proprietary right I may have in connection with such use.

Medical Release
Parent Initials _____ In the event of an emergency, HTLC VBS Leaders and/or Church Staff have my permission to obtain medical treatment at my expense for my child. In case I can not be contacted to authorize emergency medical treatment, this signed document authorizes HTLC VBS Leaders, HTLC Staff, and all attending medical personnel, including rescue workers and physicians to take any and all necessary actions to prevent increased injury or death. I further absolve and release HTLC, its Pastor, employees and volunteers from any liability whatsoever when acting on my child's behalf in regard to medical treatment.

Parent or Guardian Signature: _____ Date: _____

(For HTLC use only) Team: _____