



## Registration for Vacation Bible School 2017

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

Address \_\_\_\_\_ Parents \_\_\_\_\_

Emergency contact & Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Special Food Requirements \_\_\_\_\_

T shirt size \_\_\_\_\_

## Photo Release Permission Slip for 2017

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during VBS.

\_\_\_\_\_ Yes, I give consent for Hope United Methodist Church of Faribault and/or 4<sup>th</sup> Avenue United Methodist Church to photograph my child for VBS purposes and/or at VBS events.

\_\_\_\_\_ No, I do not authorize Hope United Methodist Church of Faribault to photograph my child for VBS purposes and/or at VBS events.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_