

# Vacation Bible School Registration



**Trinity United Church of Christ**  
17955 W 3<sup>rd</sup> St, Elliston, OH 43432  
[www.trinityelliston.org](http://www.trinityelliston.org)

Please complete a registration form for each child attending VBS

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Last School Grade Completed \_\_\_\_\_

Is Trinity your home church? Yes \_\_\_\_\_ / No \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact (EC) Name \_\_\_\_\_

EC Relationship to Child \_\_\_\_\_ EC Phone \_\_\_\_\_

Does this child have any allergies or medical condition we should be aware of

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By registering my child for this event, I give my consent for my child to participate in all activities associated with Trinity UCC's VBS. In good faith, I agree not to hold Trinity UCC or any representative responsible for any injuries, incidences or medical expenses associated with their participation in this event. I (we) understand that staff, volunteers and leaders will make every attempt to contact me as soon as possible if an emergency arises. If I (we) cannot be reached, I (we) give Trinity UCC's staff, volunteers and leaders authorization to take my child to a doctor or hospital at my own expense.

I understand that my child may be videotaped or photographed as part of this event and this media may be used in promotional materials for Trinity UCC in print/web form.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_