

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: _____

Home phone: () _____ Cell: _____

Home email address: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____



King of Kings Lutheran Church

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I understand that reasonable precautions will be taken to safeguard the health and wellbeing of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the church from all manners of actions, claims, which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of VBS programs. Any other use will require your further consent.

Parent/Guardian Signature

Date