



VBS Registration Form

Last Name	First Name	Age	School Grade Completed

Parent/s Names _____

Street Address _____

City, State & Zip Code _____

Telephone Number _____

Email Address _____

EMERGENCY INFORMATION

Emergency Contact Name _____

Emergency Contact Phone Number _____

(please use cell phone number, if available)

Does your child/ren have any medical needs that may require attention during Vacation Bible School? If yes, please indicate the child's name and need:

Do your children currently attend CAMP L.I.F.E.—Wednesday youth program? Yes No
 If no, would you be interested in receiving information about CAMP L.I.F.E.? Yes No

Are you interested in volunteering to help with Vacation Bible School? Yes No

Are you receiving the Community United Presbyterian Church newsletter? Yes No
 If no, would you like to receive it? Yes No

**Please return this registration to: Community United Presbyterian Church
 Attention: CAMP E.D.G.E. VBS
 PO Box 903
 Hartford, IA 50118-0903**

CONSENT AND RELEASE / MINOR

I, (print name) _____ hereby give the Presbyterian Church (U.S.A.), its affiliated institutions, related entities and its ecumenical partners permission to make and use photographs, video and/or audio recordings of the minor child whose name is _____ of which I am the parent, legal guardian or legally authorized representative.

I understand that the photographs, recordings, image, voice and any quotes may be used for any and all purposes of the Presbyterian Church (U.S.A.), its affiliated institutions, related entities and its ecumenical partners including use on their web page, cable and broadcast use without re-submission to me for approval. I understand that third parties accessing the web page can download this material, and I release Presbyterian Church (U.S.A.), its affiliated institutions, related entities and its ecumenical partners from any liability to me, my heirs or assigns in connection with or arising out of such downloading by third parties.

By my signature, I hereby certify that this release is fully understood by me and is entirely satisfactory.

Signed: _____ Date: _____

Printed Name: _____

Address: _____ City: _____

State/Zip: _____ Telephone#: _____

Witnessed: _____ Date: _____