

July 10-13, 2017
6pm-8pm



Bethany Lutheran Church 703 Broadway
Emmetsburg, IA
Completed 4-year preschool through those
who finished 6th grade
Registration Fee per child: \$5.00

Questions call: 712-852-4450

Joint Celebration, Sunday, July 16
10:30am with Picnic to follow

*First Name: _____

*Last Name: _____

Age: _____ Gender: Male Female Grade just finished: _____

Allergies: _____

Medical Issues or Special Needs: _____

*Parent(s): _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Email: _____

Home Phone Number: _____

Cell Phone Number: _____

Other Phone Number: _____

Emergency Contact (other than parent): _____

Emergency Phone: _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above.

Parent Signature: _____

Date: _____

July 10-13, 2017
6pm-8pm



Bethany Lutheran Church 703 Broadway
Emmetsburg, IA
Completed 4-year preschool through those
who finished 6th grade
Registration Fee per child: \$5.00

Questions call: 712-852-4450

Joint Celebration, Sunday, July 16
10:30 am with Picnic to follow

*First Name: _____

*Last Name: _____

Age: _____ Gender: Male Female Grade just finished: _____

Allergies: _____

Medical Issues or Special Needs: _____

*Parent(s): _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Email: _____

Home Phone Number: _____

Cell Phone Number: _____

Other Phone Number: _____

Emergency Contact (other than parent): _____

Emergency Phone: _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above.

Parent Signature: _____

Date: _____