ZOOMERANG VBS July 26 - 28, 2021

**Returning to the Value OF Life 5 – 7PM**

**Parent** Personal Information

**Emergency Contact**

Contact First Name

Contact Last Name

Phone Number

Alternative Phone Number

Alternate Pickup First Name

Alternate Pickup First Name

Alternate Pickup Phone

First Name Last Name

Address

City

State

Zip Code

Email

Cell Phone Number

**Student** Personal Information

Other Phone Number

First Name

Nickname

**Medical Information**

Last Name Gender 

Female

 Male

Allergies Medical Issues or Special Needs

**By signing this form you’ve agreed to the following:**

**Medical Release**

I give my permission for the VBS staff to admin- ister 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.

**Permission to Attend**

I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church, and that all registration infor- mation will be removed from the hosting site by the end of this calendar year.

**Other Information**

Home Church (If Applicable)

Photo Release:

 I hereby grant the above-named church permission to copyright and use photo- graphs/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 there- with, or the use to which it may be applied.

Signature

Please email to: princeofpeace30135@gmail.com