



VACATION BIBLE SCHOOL REGISTRATION – JUNE 2-6, 2019
Zion Lutheran Church – Mitchell, SD

***Register by May 16 to receive a T-shirt – There will be NO shirts available later!!**

Student’s Full Name: _____ Age: _____ Grade completed: _____

Allergies/Medical Issues or Special Needs: _____

T-shirt size – **Youth:** XS(2-4) S(6-8) M(10-12) L(14-16) XL(18-20) **Adult:** S M L XL

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Parents’ Names: _____

Home Church (if not Zion): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone Number: _____

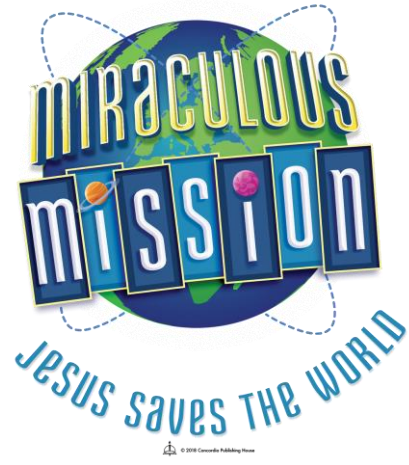
Any Other Number Where You Could Be Reached: _____

Emergency Contact: _____

Emergency Phone: _____

Alternate Pickup Name: _____

Alternate Pickup 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 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. I understand that the information I give for this registration will only be used by the VBS hosting church, for VBS this year.

Parent Signature

Date