



## VBS Registration Form (up to 3 kids)

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Child's Name(s) \_\_\_\_\_

Child's Date(s) of Birth \_\_\_\_\_

Last grade completed \_\_\_\_\_

T-shirt Size(s) \_\_\_\_\_

Allergies/Other Info \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Photo Release:** Holy Trinity United Methodist Church/VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Initials: \_\_\_\_\_ I agree to Photo Release  I do not agree to Photo Release

Home Church (if any) \_\_\_\_\_

