2024 Vacation Bible School Registration Form Good Shepherd Lutheran Church

OPERATION RESTORATION

August 12-16 6pm to 8pm daily

Child's Name:			
Parent or Guardian:			
Address:			
City:	State:	Zip:	
Parent/Guardian Email addre	ss:		
Telephone:	Home Church:		
Child's date of birth:			
Grade Child will be entering in	n the fall: (n	nust be 5 yrs old in the fall, up to entering grade 5)	
Allergy/Medications/Medical	Needs (list all):		
Health Insurance Policy Num	oer:		
Family Doctor:		Phone number:	
Emergency Contact (name): _		(phone):	
To whom shall your child be o	lismissed after VBS eac	ch day?:	
	mission to the VBS stat	de to contact the parent or guardian at the above If to authorize proper medical care until such time as	

Registration: Fee for the program is \$35 per child (\$85 maximum per family). A separate form is needed for each child. Forms are available in the Voice and online at www.gspr.org. Make checks payable to Good Shepherd Lutheran Church. Payment must accompany form in order to process registration. Church members are urged to register as early as possible, as registration is on a "first-in" basis. **Registration deadline is July 7th.**

Forms can be mailed to the church (112 North Main St, Pearl River, NY 10965) or left in Pastor Lena's mailbox in the counting room (or on her desk). Questions? email <u>pastorjlena@gmail.com</u>. **Be sure to fill out the photo release form as well.** Registration will be confirmed by July 23.

Picture Release Form Good Shepherd Lutheran Church

If the party is 18 years old or older, complete parent or legal guardian must also sign.	e the following down to the consent section; otherwise, the
and legal representatives the irrevocable right media and in all manner, for the advertising, Shepherd Lutheran Church only. I hereby for product, including but not limited to, written website or other social media platforms, which (18) years of age or older. In understand that other that Good Shepherd, or my image oncunauthorized publication of my image must	Shepherd Lutheran Church (GSLC), its assigns, licensees, int to use my picture, portrait or photo graph in all forms and trade, or any other lawful purpose for the benefit of Good prever waive any right to inspect or approve the finished copy and/or an image in print or in digital media such as the ich may be created in connection therewith. I am eighteen to GSLC cannot control the unauthorized use by persons are such image is published. Any claim I may have concerning the pursued by me against the unauthorized user. Good ich unauthorized use of my published image.
	eek explanation of the provisions contained above, have agree to be bound by them. I voluntarily and irrevocably e and Waiver.
Executed this day of	, 20
Signature:	Witness:
Phone: Ad	ldress:
City, State, Zip:	
Consent	
If person is under the age of 18, his or her pa	arent or legal guardian must also sign.
and understand the provisions of this docum	arent or legal guardian of the person listed above. I have reachent. I consent to the person participating, as described above Release and Waiver, and forever waive any rights
Parent/Guardian Signature:	
Date:	
Address:	
Phone:	