

VBS 2019 REGISTRATION FORM

(One form per child. Recommended donation of \$15 per child or \$30 per family)

Child's Name: _____ Gender: _____ Shirt Size: _____

Child's Age: _____ Date of Birth _____ / _____ / _____

Last Grade Completed: _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Caregiver Phone: _____

Email: _____

Home Church: _____

In Case of Emergency, contact: _____

Emergency Contact's Relationship to Child: _____

Emergency Contact Phone: _____

Allergies or Other Medical
Conditions: _____

Media Release: I do hereby consent and agree that Atonement Lutheran Church, its employees or agents have the right to take photographs, videos, or digital recordings of me (my child) and to use these in any and all media, now or hereafter. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Atonement Lutheran Church, its employees, agents all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims or interests I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmissions of playback.

Please Initial _____