

VBS 2010

Vacation Bible School

August 9-13, 2010 at

155 Dickson Blvd.

For children entering kindergarten up to grade 5



Registration

Child's name: _____

Birthday: _____ Age: _____ Grade: _____

Names of siblings attending VBS: _____

Parents' names: _____

Home Address: _____

Home Phone #: _____ Parent's Work/Cell #: _____

Emergency Contact Name: _____ Phone #: _____

Allergy/Health Conditions: _____

My child has my permission to participate in Vacation Bible School at Allison Church.

Parent signature: _____ Date: _____

Are you willing for your child to be photographed? **Yes** _____ (read & sign media release below)

No _____

MEDIA RELEASE

(Video and/or Photograph Authorization)

Allison Church is hereby authorized to allow the above named child to be:

Photographed for publication in internal or external publications; and/or photographed for internal teaching/training purposes with still or video photographs.

it is understood that the materials mentioned above may be used in any of the following media: Allison Church presentations (in-church video, etc.); Allison Church Promotions (posters, etc.); Allison Church Publications (newsletters, etc.); Allison Church website.

It is understood that these materials will be used only for the express purpose of education and/or training with Allison Church facilities; and there is no license granted to make copies of this material for the purposes of external publication and/or broadcasting.

I hereby expressly waive any and all claims which I might at any time have, or pretend to have, against Allison Church, it's employees and agents, in any manner whatsoever relating to the above materials.

Nearest Relative or Guardian Signature: _____

Witness (Allison Church Representative): _____