

Participant Name:

## CourtHouse Square VBS 2016 Registration Form

June 20-23 (Monday-Thursday), 6:00-8:30PM @Holy Cross Lutheran Church, 600 Court St For Ages 3&4 & Grades K-6 (Fall 2016)

Parent/Guardian Full Name:
Phone Number:
Street Address, City, Zip:
Email Address:
Church Registering Through:
Emergency Contact Name & Relationship:
Emergency Contact Phone Number:
Alternate Pick-Up Name:
Alternate Pick-Up Phone:
Iconsentdo not consent to the taking of photographs, movies or video of the participant named above by Holy Cross Lutheran Church. I alsograntdo not grant the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.
I consent to the participation of the above participant in Vacation Bible School, hosted by Holy Cross Lutheran Church, June 20-23, 2016. I also hereby release Holy Cross Lutheran Church and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Participant Grade (as of Fall '16): \_\_\_\_\_\_ Participant Gender: \_\_\_\_\_

Allergies, Medical Conditions, Other Concerns:

Signature

Date

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	Groups		
	EGY	PT	
	Joseph's Jo	ourney	
	from prison	to palace	
A VIEW			

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