



VACATION BIBLE SCHOOL REGISTRATION FORM 2019

WHOOOSH-Take Flight to Where God Leads You!

Episcopal Church of All Saints and Ascension
4520 Lucas & Hunt Road Northwoods, Missouri 63121
Phone: 314-367-2314 Email: allsaintsadminasst@sbcglobal.net
Dates: July 22-26, 2019 Time: 9:00am-1:30pm (each day)

Child's Name		Nickname	Age	Grade Completed	Gender
Last	First				

Parent/Guardian Information:

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____ Email Address _____

Other Information:

Allergies/Medical Info/Other Concerns _____

In case of immediate emergency, I prefer that my child(ren) be transported by ambulance to the following hospital: _____. I understand that I will be responsible for the cost of transporting my child(ren) to the hospital, and for the cost of the medical care.

Emergency Contact(s):

1 _____ Last Name _____ First Name _____ Phone Number _____ Relationship _____

2 _____ Last Name _____ First Name _____ Phone Number _____ Relationship _____

Individual(s) authorized to pick up your child:

1 _____ Last Name _____ First Name _____ Phone Number _____ Relationship _____

2 _____ Last Name _____ First Name _____ Phone Number _____ Relationship _____

I hereby grant permission for the above named child(ren) to participate in the Vacation Bible School at the Episcopal Church of All Saints and Ascension (the Church) during the week of July 22 to 26, 2019. I will not hold the Church responsible for any accidents that may occur while attending.

Parent/Guardian Signature _____

(continued on back)

Photo Release Form

I hereby grant permission to the Episcopal Church of All Saints and Ascension (the Church) to use photographs taken of my child(ren) on its website, or in other official church media and printed publications, without further consideration.

I acknowledge the Church has the right to crop or treat the photographs at its discretion.

I also acknowledge that the church may choose not to immediately use photographs taken of my child(ren), but may do so at its own discretion at a later date, up to 50 years from the date the photograph was taken.

I also understand that once the image is posted on the Church's website, the image can be downloaded by any computer user anywhere in the world.

Therefore, I agree to indemnify and hold harmless the Church, its priest, vestry members, its members, and designees from any claims arising out of the use of my child(ren)'s photographs.

The Church reserves the right to discontinue the use of any photographs without notice.

Parent's/Guardian's Name: _____

Address/City/State/Zip: _____

Phone: _____

Email: _____

Dates photographs taken: _____ July 22 - 26, 2019

Description of photographs _____ Activities conducted during Vacation Bible School

Parent's/Guardian's Signature _____

Date _____