



STUDENT
REGISTRATION FORM

Luverne United Methodist Church (LUMC)
Vacation Bible School
THE STORY OF JONAH
July 15-18, 2024, 6:15pm-7:30pm

(Please Print - 1 Form required for each child!)

Child's Name Tshirt Size Youth or Adult

Child's Age Child's Birth Date Child's Grade

Parent/Guardian Name(s)

Home Phone Work Phone Mobile

Email Preferred Contact Method

EMERGENCY INFORMATION

Emergency Contact 1 Phone

Emergency Contact 2 Phone

Doctor Phone

Allergies or Special Needs

DISMISSAL

Who may pick up your child at the end of each VBS day?

Name Relationship

Name Relationship

RELEASE / PERMISSIONS

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant LUMC permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child to attend Vacation Bible School (VBS). I understand that the information I give for this registration will only be used by LUMC.

Parent/Guardian Signature Date