

Gloria Dei Lutheran Church

VBS 2020

Registration Form

June 15 - 19 (9am - 12pm)

Ages 4 years old to 5th grade

Please fully complete both sides of this form and return it to the Gloria Dei Lutheran Church office. If you have questions please email Barb Collins sundayschool@mygloriadei.org or call the church office 949-493-3414. Please include a check for \$40 for members; \$50 for non members. (Multi-sibling discount available.) We are excited for another fun week of VBS!

Child's Information

Name _____	Age _____
Grade level in the fall _____	
Sibling(s) name & age attending VBS _____	

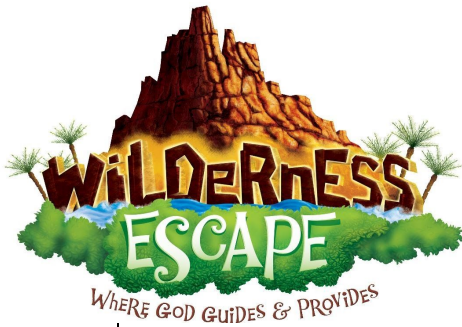
Family Information

Parent(s) name _____
Phone number (home) _____ (cell) _____
(work) _____
Address _____

Email _____

Emergency Contacts/Authorization to Pick Up

1. Name _____	Phone Number _____
Relationship to Child _____	
2. Name _____	Phone Number _____
Relationship to Child _____	



Youth Waiver of Liability, Assumption of Risk, Indemnity Agreement and Medical and Photo Release

I, the undersigned parents or legal guardians, understand that I am solely responsible for my child before and after each day's program. I warrant that my child is in good health, and I know of no reason why he/she would be incapable of participating in the program. I hereby agree to indemnify and hold harmless Gloria Dei Lutheran Church and their respective pastors, volunteers, and employees [hereafter "the releases"] for damages caused by injury to my child or myself arising from my child's participation in the program and the use of the facilities and property of the program, whether or not the injury or damage results from the negligent acts or omissions, except intentional acts, of any of the releases. I similarly agree to release and waive any right I, my heirs, distributes, guardians, legal representatives, and assigns may have or acquire to in any way make a claim against or sue the releases for such damages. I am aware that my participation in the program may have inherent risks and dangers associated therewith, including equipment failure, which can result in serious injury or death, including but not limited to risks associated with equipment failure. I SPECIFICALLY ASSUME ALL SUCH RISKS AND DANGERS, WHETHER OR NOT CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OF THE RELEASES.

Please initial below if you agree to the following:

_____ During the period of the program, I hereby give my permission for the staff or volunteers of Gloria Dei Lutheran Church to administer appropriate medical attention to my child and agree to be responsible for the costs of such treatment.

Please list any medical conditions relevant to your child. Include any allergies or food sensitivities. You are welcome to provide a daily snack for your child if he/she has food allergies.

Parent Printed Name

Date

Parent Signature