

*Ocean Commotion*  
**Vacation Bible School**

July 31-August 4, 2017 \* 9:30 a.m. – 12:30 p.m.

*\*One child per registration form\**

Child's Name \_\_\_\_\_

Gender:  Male  Female

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

School grade entering \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

Please place my child with \_\_\_\_\_

\_\_\_\_\_

Name of home church \_\_\_\_\_

Food allergies  Yes  No List \_\_\_\_\_

\_\_\_\_\_

Medical concerns  Yes  No Explain \_\_\_\_\_

\_\_\_\_\_

Parents/Guardians, by submitting this registration, you agree that you have reviewed and agree to Trinity Lutheran Church's Medical/Liability/Promotional Release Statement.

**Trinity Lutheran Church**  
706 W. Flint St., Davison, MI 48423 ✆ (810) 658-3000  
[www.TrinityDavison.org](http://www.TrinityDavison.org)

*Ocean Commotion*  
**Vacation Bible School**

July 31-August 4, 2017 \* 9:30 a.m. – 12:30 p.m.

*\*One child per registration form\**

Child's Name \_\_\_\_\_

Gender:  Male  Female

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

School grade entering \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

Please place my child with \_\_\_\_\_

\_\_\_\_\_

Name of home church \_\_\_\_\_

Food allergies  Yes  No List \_\_\_\_\_

\_\_\_\_\_

Medical concerns  Yes  No Explain \_\_\_\_\_

\_\_\_\_\_

Parents/Guardians, by submitting this registration, you agree that you have reviewed and agree to Trinity Lutheran Church's Medical/Liability/Promotional Release Statement.

**Trinity Lutheran Church**  
706 W. Flint St., Davison, MI 48423 ✆ (810) 658-3000  
[www.TrinityDavison.org](http://www.TrinityDavison.org)

*Ocean Commotion*  
**Vacation Bible School**

July 31-August 4, 2017 \* 9:30 a.m. – 12:30 p.m.

*\*One child per registration form\**

Child's Name \_\_\_\_\_

Gender:  Male  Female

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

School grade entering \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

Please place my child with \_\_\_\_\_

\_\_\_\_\_

Name of home church \_\_\_\_\_

Food allergies  Yes  No List \_\_\_\_\_

\_\_\_\_\_

Medical concerns  Yes  No Explain \_\_\_\_\_

\_\_\_\_\_

Parents/Guardians, by submitting this registration, you agree that you have reviewed and agree to Trinity Lutheran Church's Medical/Liability/Promotional Release Statement.

**Trinity Lutheran Church**  
706 W. Flint St., Davison, MI 48423 ✆ (810) 658-3000  
[www.TrinityDavison.org](http://www.TrinityDavison.org)

# Trinity Lutheran Church

706 W Flint St, Davison, MI 48423 (810) 658-3000

office@trinitydavison.org

---

## Thank you for registering for Vacation Bible School at Trinity Lutheran Church!

***Please read and sign the following Medical/Liability/Promotional Release Statement and bring with you the day you register your child(ren) for VBS. You may list more than one child on this form. Please use back side if additional space is needed.***

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on the registration form. In the event I cannot be reached in an emergency, I give my permission to the physician or dentist selected by the activity leader to hospitalize, secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary by competent medical professionals. I understand that my insurance coverage will be used in the event of an emergency. I understand all reasonable safety precautions will be taken at all times by Trinity Lutheran Church and its agents during Vacation Bible School events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Trinity Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

I certify that photographs and/or videotape pictures of my child participating in the Trinity Lutheran Church VBS program may be reproduced and utilized in promotional materials for this program.

Student #1 Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Student #2 Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Student #3 Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Student #4 Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Student #5 Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**www.TrinityDavison.org**