

CHILD REGISTRATION FORM

Please fill in *one column completely* for *each* child to be registered

CHILDREN	1 ST CHILD	2 ND CHILD	3 RD CHILD	4 TH CHILD
Last, First Name				
Sex	male <input type="checkbox"/> female <input type="checkbox"/>	male <input type="checkbox"/> female <input type="checkbox"/>	male <input type="checkbox"/> female <input type="checkbox"/>	male <input type="checkbox"/> female <input type="checkbox"/>
Birth date	__/__/__	__/__/__	__/__/__	__/__/__
Last school grade completed				
This child may Participate in all VBS activities in Accordance with the Consent, Release And Indemnity	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Allergies Please list or check none	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none

NOTES:

Saint Mark's Evangelical Lutheran Church • 913 Brookline Boulevard • Pittsburgh, PA 15226
•412-531-9575

St. Mark's Evangelical Lutheran Church
VBS Registration Form

Last Name: _____

Amount: _____ Paid Owe

August 2-6, 2010 6:15 – 8:15 PM (dinner at 5:30)

\$10 per child or \$20 per family (2 or more)

Ages: Preschool - 5th grade; adult Bible study

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____
Last name First Name

Address: _____
Street

City State Zip Code

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Church: _____
Name

CONSENT, RELEASE AND INDEMNITY

I/We understand that: 1) That participation in any of the St Mark's VBS programming can present a risk of harm to the participant; and 2) that I/We have a personal responsibility for assuming any and all medical, hospital and related expenses that may result from my own or my children's participation in the program.

I/ We presently have satisfactory insurance coverage with _____. I/We hereby release St> Mark's and sponsored organizations, and personnel and agree to indemnify and hold harmless the church and its personnel from and against any liability of any nature whatsoever to myself and/or our child/children resulting or arising in any way from our participation in 2007 VBS program.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

EMERGENCY CONTACT INFORMATION – A

Name: _____ Relationship to Child: _____

Phone Number: _____

EMERGENCY CONTACT INFORMATION – B

Name: _____ Relationship to Child: _____

Phone Number: _____