



Registration Form

July 29th-August 1st 9:00a.m.-11:30a.m.

***The registration fee is \$20 per child before July 14th. The price will go up to \$30 on July 15th. If you are unable to pay this amount, please contact Sarah at 359-5546.*

Name: _____ Grade just completed: _____ Age: _____
Ages 4-5th Grade

Address: _____ City: _____

Phone Number: _____ Date of Birth: _____ Home School: _____

Email: _____ Home Church: _____

One friend my child would like to be with (must be same grade): _____

Mother: _____ Phone Number: _____ home
work
cell

Father: _____ Phone Number: _____ home
work
cell

Other siblings attending: _____

The name of my youngest child attending VBS this year is _____
They are in _____ grade.

Emergency Contact Person: _____ Phone#: _____

Important medical information (asthma, allergies, diabetes, etc)

Please indicate T-shirt size: Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL
(6-7) (8-10) (10-12) (14-16)

Image Release Consent: As part of our ministry, we take photographs and videos of people in action as they participate in Mount Olive Events for 2013-2014. We reserve the right to use these images for non-profit purposes. By checking the box and signing below, you authorize the use of any images of yourself and/or your children.
Yes, I give my permission.

Emergency Release Information: If I cannot be reached immediately, I authorize Mt. Olive VBS staff to drive to the physician, dentist or hospital. Ambulance may be called if necessary.

Parent Signature: _____ Date: _____