



Vacation Bible School Registration Form

Holy Cross Lutheran Church

June 14-18, 2010 - 9:00 am - Noon

4125 Constitution Ave, Colorado Springs, CO 80909

Phone: 719-596-0661, Fax: 719-596-0699

Children registering must be age 3 and diaper free.

(Please complete both sides.)

Sign up early, class size is limited!

Name _____ M/F _____ Grade Completed _____ Date of Birth _____

Address _____ City/State/Zip _____

Parent(s)/Guardian(s) _____ Phone(hm) _____ (wk) _____

Where can you be reached during VBS? _____ (cell) _____

Is there a friend / family that in the same age/grade you want to be placed with? Who? _____

Home Church _____

T-Shirt Received _____

******Due to the increase of allergies, we will be unable to provide special snacks for those with allergies. Please send a snack appropriate for you child each day.******

Medical Release

Knowing that adult sponsors will take utmost care to ensure the safety of my child, I understand that accidents do occur and that in such situations immediate steps must be taken to secure my child's health. I hereby authorize the staff of Holy Cross Lutheran Church to seek medical attention for my child should such an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary treatment, not excluding injection, anesthesia, surgery. I further agree that Holy Cross Lutheran Church shall be held harmless in the event of accident or injury, and I understand and agree Holy Cross Lutheran Church disclaims any and all liability in the unlikely event of injuries sustained in connection with this event.

Medical Information

Food Allergies	Other Allergies	Known Conditions	Special Accomodations (Additional Information)

IF NOTHING MARKED, NO ALLERGIES WILL BE ASSUMED!

Photos will be taken of all participants in our VBS program, by our VBS photographer, for use solely for the Holy Cross VBS program.

Signature of parent of guardian: _____ Date: _____