



# Registration Form

(One per child)

July 22-25, 2019

9:00am-11:30am

**\*\*The registration fee is \$10 per child. 3 year olds-5<sup>th</sup> grade are welcome to attend!  
If you are unable to pay this amount please contact Sarah at (715) 359-5546.**

Child's Name: \_\_\_\_\_ Grade Just completed: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home School: \_\_\_\_\_

Email: \_\_\_\_\_ Home Church: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Other Siblings attending: \_\_\_\_\_

The name of my youngest child attending VBS this year is \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Important Medical Information (asthma, food allergies, diabetes, etc.)  
\_\_\_\_\_

**Image Release Consent:** *As part of ministry, we take photographs and videos of people in action as they participate in Mount Olive Events for 2019-2020. 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 permission

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

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