

St. Andrew's United Church

VBS Registration August 15-18, 2022

Family Name: _____

Parent/Guardian or Adult Contact: _____

Address including postal code: _____

Phone Number: (Home) _____

Cell: _____

Email Address: _____

How did you learn about Vacation Bible School at St. Andrew's? _____

Child's Name	Grade	Birth Date (m/d/y)	Special Needs / Allergies

Photo Release

I give my permission for the above-named children to participate in VBS at St. Andrew's United Church, and to be photographed and/or videotaped for in church historical and publicity purposes. ___**Yes** ___**No**

Disclaimer:

As parent or guardian of the above named children, I the undersigned, understand and acknowledge there are inherent and potential risks associated with participation in the varied Vacation Bible School activities and events, and hereby release the congregation of St. Andrew's United Church of Canada, its leaders and volunteers, from all legal responsibility in the event of injury, death, or damage to personal property, even if due to negligence, while participating in the Vacation Bible School program August 15-18, 2022.

Parent/Guardian Signature: _____ Print Name: _____

Date: _____