

Registration Form

Vacation Bible School

July 30—August 3

6:30 - 8:30 p.m.



Christ Lutheran Church, Filey's

15 S. Filey's Rd.

Dillsburg, PA 17019

Phone: 717-432-4878

E-mail: clcfileys@comcast.net

www.CLCFileys.com

Child's Name _____

Age _____

Grade Completed _____

Emergency Information

Parent's Name _____

Address _____

Phone # _____

Emergency Phone # _____

Known allergies or concerns

Name of Person(s) picking up your child(ren)

Home Church _____

Please return registration & release form to:

Christ Lutheran Church, Filey's
 15 S. Filey's Rd.
 Dillsburg, PA 17019

Medical Release:

Should emergency medical diagnosis or treatment and hospital care be necessary and I cannot be reached, I authorize the Vacation Bible School (VBS) of Christ Lutheran Church, Filey's (CLC, Filey's) adult staff to act on my behalf and consent to appropriate diagnosis, treatment, and care pursuant to all applicable law. I hereby release Christ Lutheran Church, Filey's and the VBS staff/volunteers from any actions, claims, demands or liabilities that may arise as a result of my child's participation in the VBS activities.

Parent/Guardian Signature _____ Date _____

Photo Release:

During VBS photos will be taken to be used for the slideshow during the closing program on Thursday night. Some of the photos might be used on CLC, Filey's website, facebook page and publications such as bulletins and newsletters. However, the children will not be identified in the photos. I grant permission to CLC, Filey's and the VBS staff/volunteers to use photographs taken of my child during Reformation VBS 2017 for use in CLC, Filey's publications such as bulletins, newsletters, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on CLC, Filey's websites or other electronic forms or media without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless CLC, Filey's and VBS staff/volunteers the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

____ Yes, my child's photo may be used on the website and other publications.
 ____ No, please do not use photos of my child on the website or other publications.

Parent/Guardian Signature _____ Date _____