**2022 VBS Registration Form**

**Tree of Life Lutheran Church**

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**(Parents’ first and last name) (Phone Number)**

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**(Child(ren) name and age)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Emergency Contact and phone number)**

Please list any allergies or other medical concerns we need to be aware of:

Do you have a home church? \_\_\_\_\_Yes \_\_\_\_\_ No

**Statement of Release:**

I hereby give my consent as the parent/guardian of the above-named child/children to attend and participate in the VBS program at Tree of Life Lutheran Church at 1155 Executive Circle Cary, NC 27511, July 25th - 29th, 2022.

 My child/children and I hereby release, indemnify, and hold harmless the church, its employees and/or volunteers from any and all liability from any claim, injury, or loss sustained by or during my child’s participation during the VBS program.

I hereby authorize Tree of Life Lutheran Church to take and use photography and/or video of my child/ren for crafts, keepsakes, or promotional purposes in any type of media. I understand I will not be compensated for any such use.

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**(Signature)** **(Date)**