

Vacation Bible School - July 15-17, 2025
Registration and Medical Release Form
Faith Evangelical Free Church, Fall Creek, Wisconsin
(One Form per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of Birth: _____ Last school grade completed _____

Name of parents: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell/home telephone: _____

Parent/caregiver's cellphone: _____

Home email address: _____

Home church: _____

Authorized to pick up child: _____

Allergies, medical conditions, or special needs: _____

Emergency contact: _____

Phone Number: _____ Relationship to child: _____

I give permission to the Faith Evangelical Free Church Vacation Bible School leadership to authorize or administer medical attention to my child if they deem it an emergency during club activities. I understand that every effort will be made to contact me as quickly as possible. I also understand that the responsibility for any costs with such treatment is mine and I release Faith Evangelical Free Church where my child attends Vacation Bible School and the leaders from any and all liability.

We also take pictures of the children during their activities for use in promotional materials, bulletin boards, etc. Please initial for permission to use your child's photograph solely for these purposes (for safety reasons, their names will not be printed with their pictures.) Yes _____ No _____

T-Shirt Size (Youth S, M, L, XL, Adult S, M,L): _____

Parent Signature: _____

Date: _____