

**Vacation Bible School – July 28-30, 2026**  
**Registration and Medical Release Form**  
**Faith Evangelical Free Church, Fall Creek, Wisconsin**  
**(One Form per Family)**

Name of parents: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell/Phone: \_\_\_\_\_ Parent/caregiver's phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Home church: \_\_\_\_\_

Authorized to pick up child(ren): \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

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Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergy/Medical Condition: \_\_\_\_\_

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

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergy/Medical Condition: \_\_\_\_\_

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

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergy/Medical Condition: \_\_\_\_\_

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

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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 \_\_\_\_\_

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_