**Resurrection Lutheran Church VBS**

June 16-20, 2019

If you are completing the registration online, read this form and return to the registration webpage. Type your name there. You do not have to complete and print this form.

Complete and print this form. Bring it to the

church by the first night of VBS, June 16.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAIVER and MEDICAL TREATMENT PERMISSION

Waiver: In case of an accident requiring medical treatment, I authorize that my child

receive such treatment as the volunteers deem appropriate. I also agree not to hold Resurrection Lutheran Church or persons acting on its behalf, responsible for injuries suffered by my child during activities sponsored by RLC.

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