



Registration & Release Form 2018
Our Redeemer Lutheran Church, Custer, SD
(Please Print)

Name of Parent / Guardian: _____
Mailing Address: _____
Home Address: _____
Home Phone: _____ Work Phone: _____

Name(s) of child/ren (School grade they will enter this Fall
or current age of child, if not in school.)

	<u>Grade</u>	<u>Age</u>	<u>T-shirt Size</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When VBS Day Camp activities are done:
(the name of person) who will be picking up my child/ren

_____ or
I give permission to have my children transported to the following address
(within Custer City Limits...)

I give permission for my children to participate in the activities of the VBS held at Our Redeemer Lutheran Church, Monday-Wednesday, July 30-August 1, including walking to the park or school playground.

X _____ Date: _____
Signature of Parent or Guardian.

Health information for my children the VBS Staff need to be aware of:

Medical Note: I authorize the VBS Staff to consent to any emergency medical treatment necessary for my children while attending the VBS Day Camp. I assume all responsibility and liability for injury or sickness to my children.

X _____ Date: _____
Signature of Parent or Guardian