



2023 Tyler Tabernacle V.B.S.

July 11th - July 14th

6:30 pm - 9 pm

Registration Form

Child #1 - Name	Age	Grade Just Completed	Birth Date
Please list any allergies; include medications, foods, etc.			
Does your child have any medical or special needs, including medications currently being used? No _____ Yes _____ If yes, please explain.			
I grant permission for the above named child to be photographed or videoed, while participating in VBS. No _____ Yes _____ I grant permission for the photographs and/or videos to be used on the following: Social Media No <input type="checkbox"/> Yes <input type="checkbox"/> / Promotional Materials or Videos No <input type="checkbox"/> Yes <input type="checkbox"/> / Slide Show Presentation No <input type="checkbox"/> Yes <input type="checkbox"/>			
Child #2 - Name	Age	Grade Just Completed	Birth Date
Please list any allergies; include medications, foods, etc.			
Does your child have any medical or special needs, including medications currently being used? No _____ Yes _____ If yes, please explain.			
I grant permission for the above named child to be photographed or videoed, while participating in VBS. No _____ Yes _____ I grant permission for the photographs and/or videos to be used on the following: Social Media No <input type="checkbox"/> Yes <input type="checkbox"/> / Promotional Materials or Videos No <input type="checkbox"/> Yes <input type="checkbox"/> / Slide Show Presentation No <input type="checkbox"/> Yes <input type="checkbox"/>			
Child #3 - Name	Age	Grade Just Completed	Birth Date
Please list any allergies; include medications, foods, etc.			
Does your child have any medical or special needs, including medications currently being used? No _____ Yes _____ If yes, please explain.			
I grant permission for the above named child to be photographed or videoed, while participating in VBS. No _____ Yes _____ I grant permission for the photographs and/or videos to be used on the following: Social Media No <input type="checkbox"/> Yes <input type="checkbox"/> / Promotional Materials or Videos No <input type="checkbox"/> Yes <input type="checkbox"/> / Slide Show Presentation No <input type="checkbox"/> Yes <input type="checkbox"/>			
Child #4 - Name	Age	Grade Just Completed	Birth Date
Please list any allergies; include medications, foods, etc.			
Does your child have any medical or special needs, including medications currently being used? No _____ Yes _____ If yes, please explain.			
I grant permission for the above named child to be photographed or videoed, while participating in VBS. No _____ Yes _____ I grant permission for the photographs and/or videos to be used on the following: Social Media No <input type="checkbox"/> Yes <input type="checkbox"/> / Promotional Materials or Videos No <input type="checkbox"/> Yes <input type="checkbox"/> / Slide Show Presentation No <input type="checkbox"/> Yes <input type="checkbox"/>			

	Parent/Guardian Name	Relationship	Contact #	Authorized to pick-up
1.				
2.				

Family Contact Information:

Address:

Email Address:

Emergency Contact Information:

	Emergency Contact Name	Relationship	Contact #	Authorized to pick-up
1.				
2.				

VBS Shirt Sizing and Prices:

****All shirts are unisex.****

Youth X-Small (4)	\$10.00	Youth X-Large (18/20)	\$10.00	Adult X-Large	\$10.00
Youth Small (6/8)	\$10.00	Adult Small	\$10.00	Adult 2X	\$12.00
Youth Medium (10/12)	\$10.00	Adult Medium	\$10.00	Adult 3X	\$13.00
Youth Large (14/16)	\$10.00	Adult Large	\$10.00	Adult 4X	\$14.00

VBS Shirt Order

Child's Name:	Size	Line Qty	Line Total
	__YXS __YS __YM __YL __AS __AM __AL __AXL		
	__YXS __YS __YM __YL __AS __AM __AL __AXL		
	__YXS __YS __YM __YL __AS __AM __AL __AXL		
	__YXS __YS __YM __YL __AS __AM __AL __AXL		
Extra Shirts for family or siblings:		Line Qty	Line Total
	__YXS __YS __YM __YL __AS __AM __AL __AXL		
	__YXS __YS __YM __YL __AS __AM __AL __AXL		
	_A2XL _A3XL _A4XL _____ Requested Size		

T-shirts can only be guaranteed for children who pre-register for VBS.

TOTAL DUE:

Medical and Liability Release Form

I (we), the undersigned parent(s) or guardian(s) of the child/children listed a minor(s), do hereby authorize adult volunteers of Tyler Tabernacle as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital.

I further release Tyler Tabernacle and any of its ministries or leaders from any liability in the event of an accident during this event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent's Signature

Printed Name

Date

Health Insurance Company:	Doctor's Name:
Policy or Group Number:	Doctor's Number:
Phone Number:	Dentist's Number: