



# 2021 Tyler Tabernacle V.B.S.

Monday, 7/19 - Friday, 7/23

6:30 pm - 9:00 pm

## Registration Form

<b>Child #1</b>	Age	Grade Just Completed	Birth Date
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Please list any allergies; include medications, foods, etc. for the above named child:

Does the above named child have any medical or special needs, including medications currently being used? Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_  
 If yes, please explain. \_\_\_\_\_

I grant permission for the above named child to participate in all VBS activities and do not know of any reason why they should not be able to participate in all VBS activities. Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_

I grant permission for the above named child to be photographed or videoed, while participating in VBS. Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_

I grant permission for the photographs and/or videos to be used on the following:  
 Social Media Yes \_\_\_ No \_\_\_ / Promotional Materials or Videos Yes \_\_\_ No \_\_\_ / Slide Show Presentation Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_

<b>Child #2</b>	Age	Grade Just Completed	Birth Date
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Please list any allergies; include medications, foods, etc. for the above named child:

Does the above named child have any medical or special needs, including medications currently being used? Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_  
 If yes, please explain. \_\_\_\_\_

I grant permission for the above named child to participate in all VBS activities and do not know of any reason why they should not be able to participate in all VBS activities. Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_

I grant permission for the above named child to be photographed or videoed, while participating in VBS. Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_

I grant permission for the photographs and/or videos to be used on the following:  
 Social Media Yes \_\_\_ No \_\_\_ / Promotional Materials or Videos Yes \_\_\_ No \_\_\_ / Slide Show Presentation Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_

<b>Child #3</b>	Age	Grade Just Completed	Birth Date
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Please list any allergies; include medications, foods, etc. for the above named child:

Does the above named child have any medical or special needs, including medications currently being used? Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_  
 If yes, please explain. \_\_\_\_\_

I grant permission for the above named child to participate in all VBS activities and do not know of any reason why they should not be able to participate in all VBS activities. Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_

I grant permission for the above named child to be photographed or videoed, while participating in VBS. Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_

I grant permission for the photographs and/or videos to be used on the following:  
 Social Media Yes \_\_\_ No \_\_\_ / Promotional Materials or Videos Yes \_\_\_ No \_\_\_ / Slide Show Presentation Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_

<b>Child #4</b>	Age	Grade Just Completed	Birth Date
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Please list any allergies; include medications, foods, etc. for the above named child:

Does the above named child have any medical or special needs, including medications currently being used? Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_  
 If yes, please explain. \_\_\_\_\_

I grant permission for the above named child to participate in all VBS activities and do not know of any reason why they should not be able to participate in all VBS activities. Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_

I grant permission for the above named child to be photographed or videoed, while participating in VBS. Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_

I grant permission for the photographs and/or videos to be used on the following:  
 Social Media Yes \_\_\_ No \_\_\_ / Promotional Materials or Videos Yes \_\_\_ No \_\_\_ / Slide Show Presentation Yes \_\_\_ No \_\_\_ Initials: \_\_\_\_\_

