



2021 Tyler Tabernacle V.B.S.

Monday, 7/19 - Friday, 7/23

6:30 pm - 9:00 pm

Registration Form

Child #1	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: _____

Child #2	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: _____

Child #3	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: _____

Child #4	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: _____

Child #5	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: _____

VBS Shirt Order

Child's Name	Size	Qty.	Cost	Total
	<input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		\$8	
	<input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		\$8	
	<input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		\$8	
	<input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		\$8	
	<input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		\$8	
Extra	<input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		\$8	
Larger Sizes	<input type="checkbox"/> A 2XL = \$10* <input type="checkbox"/> A 3XL = \$12* <input type="checkbox"/> A 4XL = \$14*		*	
T-shirts can only be guaranteed for children who pre-register for VBS.			TOTAL DUE:	

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

Family Contact Information:

Address: _____ Email Address: _____

Emergency Contact Information: *In the event that I can not be contacted in an emergency, please contact the following people.*

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

In the event of an emergency, Tyler Tabernacle will make every possible attempt to contact the parent/guardian with the information you have provided. If we are unable to contact the parent/guardian, we will make every possible attempt to contact the Emergency Contacts with the information you have provided.

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: