

-- VBS Registration 2021--

Child's Name	Age	Grade Completed	Date of Birth (mm/dd/yy)	Male or Female	T-Shirt Size
1)				M / F	
2)				M / F	
3)				M / F	
4)				M / F	

Address _____ Apt # _____ City/ZIP _____

Parent _____ Cell Phone _____ Alt. Phone _____

Parent's Email Address _____

Emergency Contact (*other than parent*) _____ Emergency Phone _____

Who will pick up your child each day? _____ Phone # _____

Name of School _____ Invited by _____

Do you regularly attend church? YES / NO If so, where? _____

-- Medical & Photo Release --

Doctor's Name _____ Phone _____

Child's# (see above)	Known Conditions	Known Allergies	Additional Information
1)			
2)			
3)			
4)			

I give my child permission to participate in VBS activities hosted by Cornerstone Church of Katy, TX (the Sponsor). In case of emergency, I hereby give my permission to the physician selected by the Sponsor to hospitalize and secure proper treatment (including surgery and anesthesia) for my child, and I do hereby agree to indemnify and save harmless any representative of the Sponsor from any claim by any person whomsoever on account of care and treatment of said participant.

I also understand that Cornerstone Church of Katy, TX takes video and/or photographs of children involved in the ministry, and I grant the Sponsor and those acting with their authority, permission to reprint my photograph and/or my child(ren)'s photograph and/or to use VBS video of myself or my child(ren) for the Sponsor's children's ministry publications, websites, electronic and digital media, publicity, advertising, or other purposes related to promoting their children's ministries. All photographers/videos will remain the property of the Sponsor. The Sponsor will not sell said photographs or videos nor will said photographs or videos be used for purposes not stated herein. I understand that there will not be any payment or remuneration given for the right to this permission.

Signature of parent/legal guardian

Date