

Register me for Zoomerang!

Child's name _____

Gender: Male ___ Female ___ Birthdate ____/____/____ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____

Phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Who can pick up your child? _____

Name of home church _____

Food allergies Y ___ N ___ List _____

Medical concerns Y ___ N ___ Explain _____

PERMISSION TO USE IMAGES AND VIDEO

I hereby grant permission for Summerville Baptist Church
CHURCH NAME

to record sounds, images, or video of my child _____
NAME

while attending *this VBS program*. I also give permission for Summerville Baptist Church
CHURCH NAME

at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media

platforms) owned by Summerville Baptist Church
CHURCH NAME

in relation to *this VBS program*.

PARENT/GUARDIAN SIGNATURE

DATE