

Mt. Olive Lutheran Church & Preschool



VBS Family Registration Form

August 2 – 6, 2010

5:00 Dinner/5:30pm – 8:00pm VBS

Family Name _____

Address _____

Home Phone# _____ Alternate# _____ Email _____

Church Home _____

Will you be attending the dinner session? How many?

	Attending: Yes/No	#Attending
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Who will be attending classes?

Family Members Attending VBS	AGE*	Date of Birth**	Grade or Adult Class	Food Allergies/Medical (Students Only)

Please fill out all information. For additional persons please write on the back of registration form.

*There are classes available for Babies & Toddlers, Preschool – Grades 6 and Adult.

**An emergency form needs to be filled out on each person under 18 attending*

Church Office: 858 - 748-3871 or email: mtolivepowayvbs@gmail.com

Please fill out below if parent(s) are not attending VBS. You are welcome to join us for dinner as a family, but please do not drop off your children unattended at the dinner session. Fill out how many for dinner on each night above. If you are not attending dinner, VBS begins at 5:30pm in the sanctuary.

Parent(s) Name _____

How did you hear about our VBS program? _____

Turn over for **PHOTOGRAPHY RELEASE**





PHOTOGRAPHY RELEASE

to

MT OLIVE LUTHERAN CHURCH & PRESCHOOL

I hereby grant permission for you to photograph, videotape, and/or to record my voice and sounds and to use any or all such photographs, recordings, and reproductions thereof in and/or as a part of any motion picture, video production, broadcast, published products, related advertising, displays, or in exhibition uses. I further grant the use of my name in connection with my comments and opinions.

I hereby grant and assign to Mt Olive Lutheran Church & Preschool all non-exclusive rights of every type and nature and the unlimited distribution and other utilization of the pictures, images, tapes or products by any method or in any manner and in any and all media, including theatrical, non-theatrical, radio, videocassette, television, electronic usage, and printed products, and to advertise and publicize said products, in perpetuity, throughout the world.

I hereby waive any right that I may have to inspect or approve the finished product and the advertising or other copy that may be used in connection herein. The parties to this contract expressly agree that the laws of California shall govern the validity, construction, interpretation, and effect of this contract.

(Name of Participant)

(Address)

(City)

(State)

(Zip)

(Telephone)

Date: _____ **Signature:** _____

I affirm that I am 18 years of age or older.

GUARDIAN'S CONSENT (If participant is under 18 years of age)

I am the parent or guardian of _____, the above-named. I hereby approve and consent to the use of his/her video image and name, as well as comments and opinions expressed, according to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Date: _____ **Signature:** _____





EMERGENCY FORM

Child's Name: _____

Parent's Name: _____

Phone# _____

Cell Phone# _____

Emergency contact during Vacation Bible School:

Any Allergies: _____

Mt Olive Lutheran Church & Preschool
Family Vacation Bible School
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Poway, CA 92064
Office: 858 748 3871
Email: mtolivepowayvbs@gmail.com