

Register me for Mystery Island!

Child's name _____

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

Address _____ City _____ State _____ Zip _____

Parents/Guardian _____ Home phone _____

Work phone _____ Cell 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 _____

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PERMISSION TO USE IMAGES AND VIDEO

I hereby grant permission for _____
CHURCH NAME

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

while attending *this VBS program*. I also give permission for _____
CHURCH NAME

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

platforms) owned by _____
CHURCH NAME

in relation to *this VBS program*.

PARENT/GUARDIAN SIGNATURE

DATE