

Medical Release (Required)

I hereby give permission to St. Paul's Church to act on my behalf to transport and secure emergency medical treatment for my child(ren) listed in the event of my presence during Vacation Bible School at St. Paul's Church, July 18-22, 2022.

Parent/Guardian Signature _____

Photo Release Consent

_____ Yes, I consent to the use and reproduction of photos, videos and audio recordings taken during Vacation Bible School, July 18-22, 2022, in which my child(ren) would be reasonably identifiable.

_____ No, I do not consent to the use of any photos, video or audio recordings taken during Vacation Bible School, July 18-22, 2022, in which my child appears. I understand that it is my responsibility to inform my child that when pictures are being taken that he/she should move out of the picture.

Volunteering

_____ Yes, I would like to volunteer. Please contact me.

For Office Use

VBS Total Paid

Check _____

Online _____