

From EAST to WEST, the powerful LORD GOD has been calling together everyone on earth.
PSALM 50:1



Trinity Lutheran Church
St. John's Lutheran Church

2010 Baobab Blast VBS

Children's Registration Form

June 21~25 6:00~8:00 p.m.

Name _____ Age _____

Date of Birth _____ Grade completed _____ T-Shirt Size _____

Parent/Guardian Name _____

Address _____

Telephone: Home _____

E-Mail _____

Cell _____

Who is authorized to pick up your child or youth? _____

I, the undersigned, hereby authorize a representative of Trinity Lutheran Church to consent to and authorize the administration and performance of all treatments that may be considered necessary in the judgment of attending physicians, in the event my child should be admitted to any hospital, or be in need of any medical treatment. This authorization shall continue for such time as my child is participating in the event.

Signed _____ Date _____
(Parent or guardian of participant.)

(Family insurance company and policy number)

Allergies _____

Medications required: _____

Person/s to notify in an emergency:

1. _____ Phone _____

2. _____ Phone _____

No one will be permitted to attend any programs without a signed medical release form.

(Please fill out and return to Trinity Lutheran Church
527 Washington Street: Attn. Deaconess Deborah.)