



First Congregational Church of Litchfield

Vacation Bible School Registration Form

June 25th - 29th (9:30am - 12pm)

\$20 per child
\$50 max per family

Child's Name: _____ Age: _____ Grade (Fall 18): _____

Special Needs/Allergies: _____

Child's Name: _____ Age: _____ Grade (Fall 18): _____

Special Needs/Allergies: _____

Child's Name: _____ Age: _____ Grade (Fall 18): _____

Special Needs/Allergies: _____

Child's Name: _____ Age: _____ Grade (Fall 18): _____

Special Needs/Allergies: _____

The First
Congregational
Church
of Litchfield

Parent/Guardian Contact

Name: _____

Address: _____

Phone: _____

Email: _____

Second/Emergency Contact

Name: _____

Address: _____

Phone: _____

Email: _____

My child(s) has permission to engage in all prescribed activities, except as noted by me. I hereby authorize First Congregational Church of Litchfield adult chaperones to give necessary First Aid/CPR to my child and authorize the person in charge to obtain and consent, on my behalf, to whatever medical diagnosis or treatment is deemed necessary or advisable for the well-being of my child. I also authorize the adult chaperones to transport my child in case of emergency.

Parent/guardian signature: _____ Date: _____

Vacation Bible School - Photo Release Form

I hereby grant permission to First Congregational Church to use my photograph(s) on its Web site or in other official church printed publications without further consideration.

I acknowledge the church's has the right to crop or treat the photograph(s) at its discretion.

I also acknowledge that the church may choose not to use my photograph(s) at this time, but may do so at its own discretion at a later date, up to five years from the date of the photograph was taken.

I also understand that once my image is posted on the church's website, the image can be downloaded by any computer user, anywhere in the world.

Therefore, I agree to indemnify and hold harmless the church, its trustees, pastor, associate pastors, deacons, its members and designees from any claims arising out of the use of my photograph(s).

The church reserves the right to discontinue use of any photograph(s) without notice.

Parent's Name(s): _____

Child's Name(s): _____

Date: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

(If the above name is of a minor, a parent or guardian must sign)