

VACATION BIBLE SCHOOL REGISTRATION  
MIZPAH MORAVIAN CHURCH

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_

In the event of an emergency, I, the undersigned parent or legal guardian of the above minor, authorize the Mizpah Moravian Church staff or designated youth advisor to seek appropriate medical attention for my child. This authority is granted only after a reasonable attempt has been made to contact me. I understand that while the Mizpah Moravian Church staff and volunteers will make every effort to ensure my child's safety, they cannot take responsibility for any injuries to my child that are reasonably beyond their control.

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

EMERGENCY CONTACTS

Name of father or guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of mother or guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

If parent cannot be reached:

First contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name Relationship

Second contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name Relationship

MEDICAL INFORMATION

Name of insurance carrier \_\_\_\_\_

Group number \_\_\_\_\_ Member number \_\_\_\_\_

Allergies \_\_\_\_\_ Medications used \_\_\_\_\_

Known medical conditions \_\_\_\_\_

Preferred treatment facility \_\_\_\_\_

PHOTO PERMISSION SLIP

From time to time, we take pictures during church activities. We would like your permission to use these pictures on our website, in the church newsletter, on the church's Facebook page and/or on our bulletin boards. Pictures would be selected to highlight activities during Sunday School, our class environment or church events. We will never reference your child by name or provide any specific information regarding your child. The pictures will only be used by Mizpah Moravian Church to show the many ways our children and youth can have fun while participating in church activities.

*Please take a moment to let us know your preferences regarding our use of photos of your children:*

\_\_\_\_ YES, I grant permission to use photos of my child as indicated above.

\_\_\_\_ NO. Please do NOT take or use any photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT):

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Parent/Guardian's Name (PLEASE PRINT):

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Parent/Guardian's Signature

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Date: \_\_\_\_\_

For questions or concerns about this form, please feel free to call the church office (336) 924-1661.