

Make Waves Vacation Bible School
Wednesday, June 5th, 12th, 19th, 26th, and July 10th
Starting at 5:30 pm with a family dinner

Child(ren) Name(s): _____

Parent(s)/Guardian(s): _____

Address: _____

Phone # & Email: _____

Permission to Participate: I give my
child(ren) _____
permission to participate in Make Waves Vacation Bible School.

Choose one:

_____ Without restrictions

_____ With restrictions (please list all food and medical allergies and any
special considerations)

Parent/Guardian Signature: _____ Date: _____

Media Release: I/we understand that, during Vacation Bible School, the participate may be photographed or recorded and hereby authorize and agree to Holy Trinity's use, reuse, and distribution of images and recordings for any purpose, including, but not limited to educational, Facebook, and other public media as may be deemed appropriate. Holy Trinity Lutheran Church will not include children's names in such publications.

_____ I have read and understand that my child may be
photographed/recorded during VBS.

Parent/Guardian Signature: _____ Date: _____