**Camp-in-a-Van (VBS)**

**July 11th-15th, 2016**

**9:00am-3:00pm**

**The Federated Church 739-3227**

***Registration Form***

**Parents Name(s)**

**Address**

**Phone Cell**

**Work Phone Email**

**Emergency Contact**

**Address Phone**

**Children Age Grade in Fall Allergies**

**I/we would like to help by volunteering as a:**

 **\_\_\_\_\_ Lunch worker**

 **\_\_\_\_\_ Shepherd**

 **\_\_\_\_\_ Snack preparer**

**\_\_\_\_\_ Provide Snacks**

**\_\_\_\_\_ Provide Lunch**

**MEDIA RELEASE FOR THE FEDERATED CHURCH**

I give permission for photographs or video to be taken of The Federated Church’s Children's Ministry participants (including my child(ren)) during events, activities, and classes by The Federated Church staff members, professional photographers, news media or volunteers.

I waive the right to see or approve any publications that contain photographs of my child.

I release The Federated Church and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

I give The Federated Church and its representatives permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters both print and email, posters, brochures, ads, post cards, web page, and Facebook.

**Please sign one of the following:**

No, I do not agree with the above stated media release

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

(parent or guardian signature) (date)

Yes, I agree with the above stated media release

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

(parent or guardian signature) (date)