



# Federated CHURCH

OPEN HEARTS. OPEN MINDS. OPEN ARMS.

## Camp-in-a-Van (VBS) Registration Form

July 10<sup>th</sup>-14<sup>th</sup>, 2017

9:00am-3:00pm

Parents Name(s)

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Address

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Phone

Cell

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Work Phone

Email

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Emergency Contact

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Address

Phone

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Children

Age

Grade in Fall

Allergies

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

- Lunch worker
- Shepherd
- Snack preparer
- Provide Snacks
- Provide Lunch



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## MEDIA RELEASE

I give permission to The Federated Church staff members and volunteers, professional photographers, and/or news media to take photographs or video of my child(ren) during events, activities, and classes.

I waive the right to see or approve publications that contain photographs of my child(ren) or productions that contain video of my child(ren).

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(ren).

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(ren) 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)

### Child(ren)'s name(s):

**Name**

**Age**

_____	_____
_____	_____
_____	_____
_____	_____