

# Register me for Mystery Island!

Child's name \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Grade completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Who can pick up your child? \_\_\_\_\_

Name of home church \_\_\_\_\_

Food allergies Y\_\_\_ N\_\_\_ List \_\_\_\_\_

Medical concerns Y\_\_\_ N\_\_\_ Explain \_\_\_\_\_

## PERMISSION TO USE IMAGES AND VIDEO

I hereby grant permission for \_\_\_\_\_  
CHURCH NAME

to record sounds, images, or video of my child \_\_\_\_\_  
NAME

while attending *this VBS program*. I also give permission for \_\_\_\_\_  
CHURCH NAME

at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media

platforms) owned by \_\_\_\_\_  
CHURCH NAME

in relation to *this VBS program*.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE