



REJOICE VBS 2010 REGISTRATION

Each completed registration must include:

- 1) Registration Form (1 per student)
- 2) New Medical Release Form (1 per student)
- 3) Fee: \$20/student or \$50/family
Please make checks out to Rejoice with "VBS" in the memo field

Student name _____

Birth date _____ Grade completed (2009/2010) _____

Address _____

Telephone number _____

Family e-mail address _____

- I/We consent to the use of any video images, photographs, audio recording, or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed or shown as Rejoice Lutheran Church sees fit.

I am interested in volunteering during VBS (*nursery/preschool available for volunteers*):

Please contact me:

Name _____

Telephone number _____

FOR OFFICE USE ONLY

- Fee paid Release Form