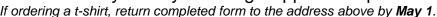
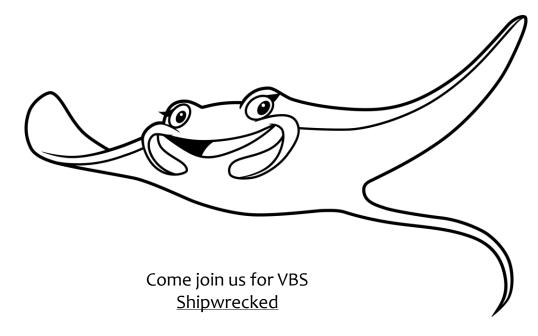
## Highland Community Church Weston Campus VBS **2018** Registration Form 1005 N 28<sup>th</sup> Ave- Wausau, WI 54401~715-842-5683

VBS week: June 11 - 14 from 9:00 am to 11:45 am Thursday Family Hot Dog Supper 6:00 pm If ordering a t-shirt, return completed form to the address above by **May 1**.





Parent/Guardian Name			
Street Address, City, Zip		<del></del>	
E-mail Address	·	Home Church	
Phone Number: Cell	Home		
First Child's Information Name			
Date of birth Age on J	June 11, 2018Grade	in Fall 2018	
Allergies/Special Needs			
Second Child's Information Name			
Date of birth Age on J	June 11, 2018Grade	in Fall 2018	
Allergies/Special Needs			
<b>Emergency Contact</b>			
Name	Phone		
<b>Dismissal Information</b> Name(s) of person(s) who may pick up my	y child(ren) from VBS		
<b>T-Shirt</b> : (If registering prior to May 1)  Do you want a <i>Shipwrecked VBS</i> T-shin Size (circle one): XSmall (4-5)			No ılt Small
CD: Would you like to Pre-Order a Music CD	of Shipwrecked VBS (cost is \$7 due	with this form)? Yes	No
Photo Release: Can your child(ren) be photographed an If No: Can we take a picture with the ground Can we use the picture in a video at	up for the teacher?	cles in print and on the internet? (Circle Yes No Yes No	one :) Yes No
I/We the undersigned have legal custody of the stude being organized by the children's ministry at Highlat athletic event, and I/We hereby release the Church, it damage to person or property that may occur during of a doctor, I/We consent to any reasonable medical to physician and/or hospital personnel designated by the damages arising from the giving of such consent. I/We cost of that medical care not be reimbursed by the here	and Community Church. I/We understates pastors, employees, agents, and voluing the course of my/our child's involved treatment as deemed necessary by a licely the Church, I/We agree to hold such pewer also acknowledge that I/we will be also acknowledge that I/we will be	and that there are inherent risks invo unteer workers from any and all liab ment. In the event that he/she is injur censed physician. In the event treatm rson free and harmless of any claims	olved in any ministry or oblity for any injury, loss, or red and requires the attention nent is required from a s, demands, or suits for
*Parent/Guardian signature:		Date:	_
Other Information (church use only): T-Shirt paid	1? Y / N Cash/Check#	CD naid ? Y / N	



*Where:* Highland Community Church 6615 Cty Road J, Weston, WI

**Cost:** FREE

**When:** June 11 - 14, 2018

*Time:* 9:00 am to 11:45 am

