



# Vacation Bible School 2018

## REGISTRATION FORM

Camper Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Complete Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Male ☐ Female ☐

Date of Birth: \_\_\_\_\_ Age as of May 1, 2018: \_\_\_\_\_ Grade Entering in Fall 2018: \_\_\_\_\_

Allergy and/or Medical Conditions: Yes ☐ No ☐

Please list Allergy and/or Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

*Throughout camp(s), a photographer & videographer will take pictures and shoot footage that could be used in future Johns Creek Baptist materials and/or on the website. My signature below gives permission for the church to use my child(ren)'s image(s) in future promotional materials.*

**Signature:** \_\_\_\_\_ (Image Release Signature)

**\*\*For Office Use Only – Registration Notes\*\***

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