



Vacation Bible School 2017

REGISTRATION FORM

Camper Name: _____

Parent's Name(s): _____

Complete Address: _____

City/State/Zip: _____

Parent Cell #: _____ Allergies: _____

Email Address: _____

Male Female

Date of Birth: _____ Age as of May 1, 2017: _____ Grade Entering in Fall 2017: _____

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****

