



## Register me for Zoomerang!

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

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

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

Parent/Guardian \_\_\_\_\_

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 \_\_\_\_\_

Latex Allergy Y  N

### 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