



Heroes of the Bible VBS Registration



Name: _____

Age or Grade completed: _____

Physical and/or dietary limitations or allergies

Emergency Name: _____

contact Number: _____

2nd Emergency Name: _____

contact Number: _____

Permission to use images & video:

I grant permission for Marquette UMC to record sounds, images, or video of **my child**, _____

While attending this VBS program. I also give permission for Marquette UMC to use these sounds, images, or videos in publications (including print, websites, and social media platforms) owned by Marquette UMC in relation to this VBS program.

Parent/Guardian signature

Date