



Highland Community Church

Weston Campus VBS

2019 Registration Form

1005 N 28th Ave- Wausau, WI 54401~715-842-5683

VBS week: June 10 – 13 from 9:00 am to 11:45 am

If ordering a t-shirt, return completed form to church office by **June 1**.

Parent/Guardian Name _____

Street Address, City, Zip _____

E-mail Address _____ Home Church _____

Best number to reach you at during VBS: _____

First Child's Information

Name _____ Male Female

Date of birth _____ Age on July 22, 2019 _____ Grade in Fall 2019 _____

Allergies/Special Needs _____

Second Child's Information

Name _____ Male Female

Date of birth _____ Age on July 22, 2019 _____ Grade in Fall 2019 _____

Allergies/Special Needs _____

Emergency Contact

Name _____ Phone _____

T-Shirt: (If registering prior to June 1)

Do you want a Roar VBS T-shirt for your child (cost is \$6 due with this form)? Yes No
Size (circle one): XSmall (4-5) Small (6-8) Medium (10-12) Large (14-16) Adult Small

CD: Would you like to Pre-Order a Music CD of Roar VBS (cost is \$7 due with this form)? Yes No

Photo Release: Can your child(ren) be photographed and the picture appear in church news articles in print and on the internet? (Circle one) Yes No

If No: Can we take a picture with the group for the teacher? Yes No
Can we use the picture in a video at the end of the week for parents? Yes No

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend and participate in events being organized by the children's ministry at Highland Community Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

*Parent/Guardian signature: _____ Date: _____

Other Information (church use only): T-Shirt paid? Y / N Cash/Check # _____ CD paid ? Y / N



Come join us for
VBS Roar 2019

Where: Highland Community Church
6615 County Rd J., Weston, WI

Cost: FREE

When: June 10-13, 2019

Time: 9:00 a.m. – 11:45 a.m.

Who: Children ages 4 (by July 22) to
5th Grade (in fall)