

# Joseph and the Amazing Technicolor Dream Coat

## Registration Form

Children's Names \_\_\_\_\_ Grade entering in fall \_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (cell) \_\_\_\_\_

### **Medical Information**

Allergies (especially food) or other conditions \_\_\_\_\_

Doctor's Name & Phone # \_\_\_\_\_

Parent/Guardian, please read and sign the following

In the event of an emergency requiring medical treatment, I give my permission to the church staff or Vacation Bible School personnel to obtain the services of a licensed physician. Please attempt to notify me concerning any such emergency. I release Holy Trinity Lutheran Church in Elgin, IL from any liability regarding such injury or sickness.

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

Date \_\_\_\_\_

The following people have permission to pick my child up from rehearsal.

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