

Warrensburg church of Christ
VBS - Team P.O.S.S.I.B.L.E
31 July and 1 August, 2015

VBS participant Name: _____

Parent/Guardian Name: _____

List any HEALTH OR FOOD concerns we should know about:

Telephone number to contact in case of an emergency: _____

Signature of Parent/Guardian

Please circle Yes or No regarding use of the participant's picture and/or voice recording:

YES / NO To be used within the church display and not outside the building premises.

YES / NO To be used on facebook and other social media to include our web page, a short VBS video, our Bulletin. This will help advertise our activities at the church and help spread the Good News.

YES / NO To release VBS participant's name to the public via social media such as our church's facebook pages

Signature of Parent/Guardian