

Register me for, **Mega Sports Camp! IN YOUR ELEMENT!**
Join us for a week of learning about a life changing relationship with Jesus!
2025 Vacation Bible School, June 9th to June 13th, 6PM to 8PM

Child's name _____

Gender: Male ____ Female ____ Birthdate ____/____/____ Grade completed ____

Address _____ City _____

State _____ Zip _____ Age _____

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/allergies Y ____ N ____ Explain _____

PERMISSION TO USE IMAGES AND VIDEO

I hereby grant permission for Bridgeway Church of the Nazarene to record sounds, images,
or video of my child _____ while attending this VBS program.

I also give permission for Bridgeway Church of the Nazarene at its sole discretion, to use
these sounds, images, or videos in publications (including print, websites, and social media
platforms) owned by Bridgeway Church of the Nazarene in relation to this VBS program.

Parent/Guardian Signature

Date