

Egg Drop Registration 2019

Child's Name: _____

Under 2



6-7 Years



2-3 Years



8-10 Years



4-5 Years



Parent / Guardian's Name: _____

Email: _____

Phone: _____

Mailing Address: _____

Would you like information on our summer VBS program?

Yes



No



Mail



Email



By signing this form you hereby accept liability for participation in this event in the event of mishap, injury, or otherwise in agreement that the Lakeview Church of God and the Lakeview School District are not responsible in event of injury or mishap. By signing this form you also authorize Lakeview Church of God to use photography or video taken during the event for the purpose of presentations, slides, event videos, promotions, etc.

Signature: _____ Date: _____

Egg Drop Registration 2019

Child's Name: _____

Under 2



6-7 Years



2-3 Years



8-10 Years



4-5 Years



Parent / Guardian's Name: _____

Email: _____

Phone: _____

Mailing Address: _____

Would you like information on our summer VBS program?

Yes



No



Mail



Email



By signing this form you hereby accept liability for participation in this event in the event of mishap, injury, or otherwise in agreement that the Lakeview Church of God and the Lakeview School District are not responsible in event of injury or mishap. By signing this form you also authorize Lakeview Church of God to use photography or video taken during the event for the purpose of presentations, slides, event videos, promotions, etc.

Signature: _____ Date: _____