



Walk in Love – Diversity Intergenerational Program

June 19-23, 2024

6:30 pm - Dinner

7:00 pm to 8:30 pm - Program

22nd 11:00-1:30 - Picnic

23rd 11:00 Sunday Service

Participant Form

Parent Contacts	Home Phone #	Cell Phone #	Work Phone #
Parent:			
Parent:			
Childs Name	Age/Gender	Birthdate	School/Grade
Child			
Child			
Child			

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Member of St. Edward's: Y / N If no, Home Congregation: _____

**THIS IS A FAMILY VBS PROGRAM
PARENTS EXPECTED TO BE PART OF VBS**

PHOTO RELEASE FORM

I, _____, grant
St. Edward's Episcopal Church on behalf of myself and my family, permission to use the
photographs taken during the date of June 19th-June 23rd during Vacation Bible School for any
legal use, including but not limited to: publicity, copyright purposes, illustrations, advertising and
web content concerning St. Edward's Episcopal Church 737 Moon Rd. Lawrenceville, GA 30046.
Furthermore, I understand that no royalty, fee or other compensation shall become payable to
me or my family of such use.

Signature: _____

Date: _____

Name: _____

Phone Number: _____

Medical Release Form

St. Edward's Church, 737 Moon Road, Lawrenceville, GA 30046

Name: _____ Birthdate: _____

*** In the event that a parent/guardian or emergency contact cannot be reached, the adult advisors of
St. Edward's Episcopal Church have my permission to take appropriate emergency medical action for
my son or daughter, listed above.*

Signature of Parent or Guardian: _____ Date _____

Any known allergies: _____

Medical Problems: _____

Special Instructions and Current Medications: _____

Insurance Verification

My son/daughter is adequately covered with accident and medical insurance under policies I already carry. The
following information is the correct information to be used, if medical treatment for my son/daughter is
necessary. ***** Please provide a photo copy (front and back) of the child's insurance card.*****

Insurance Company: _____

Claims Address: _____

Name of Company or Individual Providing Insurance: _____

Policy Number (include Member and Group Number if applicable): _____

Signature of Parent or Guardian: _____ Date: _____