

Vacation Bible School Registration
First Lutheran Church
July 7 - 12, 2019

Child's Name _____ Date of Birth _____ Grade Completed _____

Parent/Guardian Name(s) _____
Address _____

Contact Phone _____ Cell Phone _____ Other _____

E-mail Address _____

Emergency Contact _____ Phone _____

List clinic or physician regularly used, and any special medical conditions, allergies, or other medical information needed for your child.

"I give permission to adult leaders with First Lutheran Church to seek medical treatment for my child in the event of an emergency injury or illness. I also grant permission to the physician selected by First Lutheran Church leaders to secure and administer any treatment deemed necessary, including ambulance transfer and hospitalization. I understand every attempt will be made to contact me or those listed on this form as emergency contacts if such an event occurs." I agree with this statement. Yes _____ No _____
If no, what do you wish for us to do in the event of an emergency? _____

***I give permission for my child's photos to be taken by First Lutheran Leaders and Volunteers and used on a variety of promotional materials (newsletters, Facebook Group page, church bulletin boards, and/or website). I agree with this statement: YES _____ NO _____

Parent/Guardian Signature: _____ Date: _____

PRE-ORDER T-SHIRTS: Please state if you are interested in purchasing a Luther Park VBS T-Shirt. Cost is \$10/shirt and due on Monday, July 8th. Size: _____ Qty: _____

(Optional Information)

Please select all that apply:

- My family is an active member at First Lutheran Church
- My family is an active member at an area church. Name of Church: _____
- My family currently does not actively attend church.
- My family is interested in learning more about First Lutheran Church worship.
- My family is interested in learning more about First Lutheran Church youth activities.

Thank you for having your youth spend the week with the Luther Park Camp Counselors and First Lutheran Church. We are sure to have a wonderful week full of great stories and memories.



VBS Day Camp Registration & Emergency Health Form

THIS BOX MUST BE COMPLETED FOR ATTENDANCE

Church where Day Camp is being held _____

Town/ST _____ Date _____

I understand and certify that my child's participation in Luther Park Bible Camp's (LPBC) Day Camp program held at the church and its activities is completely voluntary. I recognize that certain hazards and dangers are inherent in Day Camp events and programs and I acknowledge that although LPBC and the church have taken safety measures to minimize the risk of injury, LPBC and the church cannot insure nor guarantee that the participants' equipment, premises and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by LPBC and the church's rules, regulations and procedures for the safety of participants. I waive any claim against LPBC and the church and/or its personnel for any lost articles; for any injury to my minor child; and/or any injury to myself. The church assumes secondary insurance coverage. I assume primary coverage.

This health history is correct so far as I know, and the person named on this form has permission to engage in all camp activities except as noted.

AUTHORIZATION FOR TREATMENT: In case of emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the VBS Day Camper. In the event I cannot be reached, I hereby give permission to the medical personnel selected by the church to order x-rays, routine tests, treatment, and necessary transportation for my child. I give permission to the physician selected by the church to secure and administer treatment, including hospitalization, for my child as named on this form.

AUTHORIZATION FOR TRANSPORTATION: I hereby give permission for my child to be transported for off-site outings.

AUTHORIZATION FOR USING LIKENESS: I hereby give permission for photographs/video including my child and/or myself to be used in the promotion of LPBC and/or the ELCA.

COMPLIANCE WITH ELECTRONICS POLICY: I understand that LPBC does not allow any electronic devices except cameras and I certify that I have ensured my child's compliance with this policy.

Signature of Camper's Parent/Guardian _____ Date _____

Reverse side must be complete as well.

03/10

The information on this form is gathered to assist us in identifying appropriate care and will only be shared with medical personnel. This form is to be completed by the parent(s) or legal guardian(s) of minors.

Camper's Name _____ Last _____ First _____ MI _____

Preferred Name _____ Female Male

Telephone _____ Birth Date _____

Home Address _____ Street _____ City _____ State _____ Zip _____

Email _____

Parent/Guardian—In an emergency, notify:

Name _____ Telephone _____

Relationship _____

Location while camper is VBS Day Camp _____

Who will be picking your child up? _____

HEALTH HISTORY

Does the camper have any physical condition requiring special care? Please explain.

Does the camper have any allergies, i.e.: food, meds, etc? If so, describe reaction and treatment.

Explain any activity restrictions:

Do you carry family medical/hospital insurance? Yes No

If so, indicate: Carrier _____ Policy or Group # _____