

# VBS Day Camp Registration & Emergency Health Form

VBS is being held this year at Christ Lutheran Church, as our mission continues to partner the three ELCA Congregations in Menomonie, WI.  
**Dates selected: July 29-August 2, 2018**

## THIS FORM MUST BE COMPLETED FOR ATTENDANCE

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 to Wakanda Park or American Lutheran Home/Autumn Village.

**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

## PLEASE COMPLETE A NEW FORM FOR EACH CHILD!

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 a parent or legal guardian.**

Camper's Full Name (Last, First, Middle) \_\_\_\_\_

Preferred Name (Nick Name) \_\_\_\_\_

Congregation \_\_\_\_\_

Gender (circle) Female or Male Birth Date \_\_\_\_\_

**GOING IN the Fall 2018** Grade \_\_\_\_\_ **OR Circle One:** 3yr, PreK(4), K(5)

Parent(s) Full Names \_\_\_\_\_

Home Address (Street, City, State, Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**In an emergency, notify:**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Location of adult while camper is at VBS Day Camp: \_\_\_\_\_

## 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 \_\_\_

Indicate: Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

**Adult Assigned to Pick-Up** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Pick-Up Time** (circle one) 12PM or 2:30PM

**Kick-Off Sunday, July 29, 2018 at 6PM**

**VBS Week: Mon. July 30- Thurs. Aug. 2, 2018**

**9a until 12PM or 2:30PM**

**Closing Program on Thursday, August 2, 2018 at 6PM**

Register by July 9: \$20/Child or \$45/Family - After July 9: \$35/child

Please make checks payable to Christ Lutheran Church. Scholarships are available.

Contact Josie Wilterdink (CLC), Lexi Marsh (OSL), or Patty Brown (PLC)

Indicate Paid: \$20/child or \$45/family or \$35/child TOTAL PAID: \_\_\_\_\_