

# **VBS Day Camp Registration & Emergency Health Form**

VBS is being held at Christ Lutheran Church  
1306 Wilcox Street - Menomonie, WI 54751

Hosted by the four ELCA Congregations in the Menomonie Area

Dates: July 31, August 1-3, 2023

## **THIS BOX MUST BE COMPLETED FOR ATTENDANCE**

I understand and certify that my child's participation in ELCA Menomonie and 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 churches have taken safety measures to minimize the risk of injury, LPBC and the churches 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 churches' rules, regulations and procedures for the safety of participants. I waive any claim against LPBC and any of the churches and/or their personnel for any lost articles; for any injury to my minor child; and/or any injury to myself. The churches assume 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 and the near community.

**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 and the churches do not allow any electronic devices and I certify that I have ensured my child's compliance with this policy.

**PHOTO RELEASE:** I allow the ELCA Menomonie Youth Ministries to post photos and videos of my child(ren) on the ELCA Menomonie related online sources including, but not limited to, the church websites and Facebook pages. I also allow ELCA Menomonie Youth Ministries to print and post photos of my child(ren) within the church buildings.

Signature of Camper's Parent/Guardian

Date

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

## **CAMPER INFORMATION**

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

Congregation: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

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

Grade **GOING INTO Fall 2023:** \_\_\_\_\_ Circle One: 3yr, PreK (4) , K (5)

Departure: (circle) 12PM / 2:30PM Adult Picking Up: \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

## **IN AN EMERGENCY**

Name \_\_\_\_\_

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

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

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

## **HEALTH HISTORY**

Does the camper have any physical condition requiring special care? Explain.  
\_\_\_\_\_

Does the camper have any allergies? If so, describe reaction and treatment.  
\_\_\_\_\_

Explain any activity restrictions.  
\_\_\_\_\_

Do you carry family medical/hospital insurance? Yes \_\_\_ No \_\_\_

**VBS Week ~ Mon.-Thurs. July 31-Aug. 3, 2023 at 9a-12PM/2:30PM**

**Closing Event ~ Thursday, August 3, 2022 at 6PM**

Early Bird: \$30/Child or \$80/Family Regular: \$35/Child or \$90/Family

Please make checks to: Christ Lutheran Church - 1306 Wilcox St. Menomonie, WI 54751

Scholarships are available; contact your church representative.

Jocelyn Wilterdink ~ Christ Lutheran Church

Denise Vick ~ Our Savior's Lutheran Church

Patty Bosse or Kathy Forster ~ Peace Lutheran Church

Amy Webb ~ United Methodist Church

Judy Kincaid ~ New Hope/Little Elk Creek

Indicate Fee Paid: \$ 30 or \$35/child or \$80 or \$90/family \_\_\_\_\_