

VBS Day Camp Registration & Emergency Health Form

VBS is being held at Christ Lutheran Church, as our mission continues to partner the three ELCA Congregations in Menomonie, WI.
Dates selected: July 25-29, 2021

THIS FORM MUST BE COMPLETED FOR ATTENDANCE

I understand and certify that my child's participation in Menomonie ELCA VBS 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 the church has taken safety measures to minimize the risk of injury, 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 the church's rules, regulations, and procedures for the safety of participants. I waive any claim against 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 Menomonie ELCA VBS and/or the ELCA.

COMPLIANCE WITH ELECTRONICS POLICY: I understand that Menomonie ELCA VBS 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!

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

Camper's Full Name (Last, First, Middle) _____

Congregation _____

Gender (circle) Female or Male **Birth Date** _____

GOING IN the Fall 2021 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 25, 2021 at 6PM

VBS Week: July 26-29, 2021

9AM until 12PM or 2:30PM

Closing Program on Thursday, July 29, 2021 at 6PM

Pack-the-Park Worship in Wilson Park Sunday, August 1, 2021 @ 10AM

Registration Fee: \$25 per child or \$50 family maximum

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

Contact Josie Wilterdink (CLC), Denise Vick (OSL), or Julie Colson (PLC)

Indicate Paid: \$25/child or \$50/family TOTAL PAID: _____