



First Lutheran Church Vacation Bible School

August 8th-12th, 2022
5:30 – 7:30 PM

NAME: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Parent/ Guardian Name(s): _____

EMAIL: _____

Emergency Contact: _____

Emergency Contact Number: _____

Allergies/ Special Needs: _____

Last Grade Completed: _____ (if you are an adult registering for "big Kid" VBS please write ADULT here)

LIABILITY RELEASE: In consideration of First Lutheran Church allowing the above child to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless First Lutheran Church, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless First Lutheran Church, its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

PHOTO/VIDEO PERMISSION: I DO / DO NOT (*circle one*) give my consent to First Lutheran Church to use photo or video images taken of my child in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless First Lutheran Church from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at First Lutheran Church's Vacation Bible School. ****None of the photos will be for personal use.****

I hereby give permission for my child to participate in Vacation Bible School at First Lutheran Church on August 8-12, 2022, 5:30 – 7:30 pm.

Parent/Legal Guardian Signature

Date

Please complete the following for your child attending VBS.

All information will remain confidential to Vacation Bible School staff.

Child's Name _____ **Medical Insurance YES** ___ **NO** ___

Insurance Company _____ **Policy/GroupID#** _____

Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____

Parent/Guardian phone number(s) _____

Emergency Contact (Person(s) & phone numbers in case parent/guardian cannot be reached)

Name(s) _____

Contact Phone _____

People authorized to pick up my child _____