



## VBS Registration Form

(one per child)

**Monday, July 16 – Thursday July 19**  
**6:00 – 8:30 PM**

Child's Name \_\_\_\_\_ Child's Gender \_\_\_\_\_

Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade during 2017-2018 \_\_\_\_\_

Name of Parent \_\_\_\_\_ Home phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Cell \_\_\_\_\_ Parent email \_\_\_\_\_

Home Church \_\_\_\_\_

How did you hear about Vacation Bible School? \_\_\_\_\_

How many years have you attended Vacation Bible School? \_\_\_\_\_

### **Emergency Contact** (different from above)

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

People authorized to drop off and pick up child \_\_\_\_\_

\_\_\_\_\_

Medical information

Allergies \_\_\_\_\_

Medication \_\_\_\_\_

Other Medical Concerns/Restrictions \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Member ID# \_\_\_\_\_ Group # \_\_\_\_\_

To the best of my knowledge all registration and health information is correct. Any images recorded while participating in church activities may be used for the church's promotion free of any claims. I give permission for my child to participate in all church activities except as noted and agree that the church or its staff and volunteers will not be held responsible for accident or personal injury arising there from. In the event of an emergency, I give permission to the medical personnel and church staff to secure and/or administer any medical or emergency treatment, including hospitalization, deemed necessary for my child. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the church to arrange necessary transportation for my child. I understand that St. John's Lutheran Church is not responsible for medical costs due to illness or injury while at church events and I agree to cover all costs associated with any such illness or injury. I am the primary carrier of the accident/health insurance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**St. John's Evangelical Lutheran Church**

99 Church Street, Hamburg, PA 19526-1213

Office: 610-562-3808 Fax: 610-562-7616

For church use:

Date received \_\_\_\_\_ Group Assigned \_\_\_\_\_