



God is Here!

2011 Bethlehem Lutheran VBS Registration Form

August 8th - 12th

Student's Name _____
 Grade Completed (as of camp) _____ M F Birthdate _____ Age as of camp _____
 Parent /Guardian Name _____
 Mailing Address _____ City _____ St _____ Zip _____
 Day Phone _____ Night _____ Cell _____
 Email Address _____ Home Church _____ City _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____
 Address _____ City _____ St _____ Zip _____
 Day Phone _____ Night _____ Cell _____
 Relationship to camper _____

AUTHORIZED ADULT TO PICK CHILD UP AT VBS

Name of Person(s) picking up the child: _____
 Phone Number of Authorized Adult: _____
 Relationship to Parent and Child: _____
 Check days *Authorized Adult* will picked up child: Tuesday ; Wednesday ; Thursday ; Friday
 Parent /Guardian Signature _____ Date _____

ALLERGIES			TYPE OF REACTION: Please mark which apply			
Type of Allergy	No	Yes (please circle)	Describe/Specify Allergen	Mild	Moderate (Swelling or severe rash)	Severe (Difficulty Breathing)
Food	No	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	No	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (animal, plant, insect, etc.)	No	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	No	Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

complete other side

(VBS Registration Form continued)

Does your child have any special needs (behavioral and/or physical) we should know about?

I hereby give informed and expressed consent for my child to take part in all VBS Camp activities under supervision, and agree that the Day Camp, Day Camp personnel nor Bethlehem Lutheran Church will not be held responsible for accidents arising there from. I authorize the Day Camp Healthcare Provider and/or designated Day Camp Staff/Bethlehem Lutheran volunteers to provide appropriate treatment for my child for injuries and/or illness. I understand that the information on this form may be released to the appropriate medical personnel in case of medical emergency. I also understand that the failure to disclose medical or emotional problems in advance may lead to serious consequences while at Vacation Bible School Day Camp. Lastly, I verify that everything contained on this form is complete and accurate to the best of my knowledge.

I also consent to the use of any photograph of my child or family in future Lutherwood publications. *A copy of this form will be shared with Camp Lutherwood Ministries at the end of Day Camp week.

Parent / Guardian Signature _____ Date _____

\$12.00 Registration Fee Paid: _____

