

**St. Paul Lutheran Church & First Christian Church
Vacation Bible School July 16-20, 2018
Registration Form**

Name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Gender: _____

School Grade Completed: _____

Parent / Guardian Name(s) : _____

Address: _____

City, State, Zip: _____ Best Daytime Phone: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Insurance Carrier: _____ Policy Number: _____

Home Church: _____ City: _____

Special interests or hobbies: _____

Any restrictions to physical activities: _____

Any allergies (food, drugs, insects, etc.) : _____

List any people and their phone numbers who may pick up your child from Day Camp:

Emergency Release

I will not hold Lutherhill Ministries, St. Paul Lutheran Church, or First Christian Church and their staffs responsible for accidents, claims and damages arising from my child's participation in camp activities. I also give Lutherhill Ministries, St. Paul Lutheran Church, and First Christian Church permission to use any photograph/video of me or my child, taken at Day Camp for future promotional materials.

Parent/Guardian Signature: _____ Date: _____

Please note: Your child should wear play clothes, closed-toe shoes, and bring a sack lunch each day.