



VBS Day Camp: "Bee like Jesus"

July 26-30, 2021

St. John's Lutheran Church

Primarily meeting outdoors in pods while following safety protocols.

Registration Form

In order to get t-shirt, form is due by June 30, 2021.

Education Ministries is planning for VBS Day Camp happening Monday, July 26 through Friday, July 30 **from 9:00 a.m. to 11:30 a.m.** This year we are **limited to 40 children going into grades K-5 and 10 youth helpers going into grades 8-12**, so please register early before we reach capacity.

Full Name of Parent(s)/Guardian (s): _____

Address: _____ City/State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone: _____ Receive Text: Yes No

Email for Children's & Youth Ministry Updates: _____

Youth's Address (if different from guardian): _____

First Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Completing School Grade: _____ School Name: _____

Allergies, special needs, medical conditions, etc.: _____

_____ T-Shirt Size (Youth): S M L XL

Second Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Completing School Grade: _____ School Name: _____

Allergies, special needs, medical conditions, etc.: _____

_____ T-Shirt Size (Youth): S M L XL

Third Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Completing School Grade: _____ School Name: _____

Allergies, special needs, medical conditions, etc.: _____

_____ T-Shirt Size (Youth): S M L XL

Youth Helper's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Completing School Grade: _____ School Name: _____

Allergies, special needs, medical conditions, etc.: _____

_____ T-Shirt Size (Adult): S M L XL

If we have permission to text your teen, what is the cell phone number? _____

How do you want to help? Pod Co-Leader Music & Puppets Photographer Other: _____

I will attend training session on Sunday, July 25 (5:30 - 7:00 p.m.): Yes I will arrange time to meet on Zoom

St. John's VBS Registration & Emergency Health Form

This side must be completed to attend VBS

Church where VBS Day Camp is being held: St. John's Lutheran Church

Town/State: 1804 Highland Ave, Eau Claire, WI Date: July 26-30,2021

I understand and certify that my youth's participation in St. John's Vacation Bible School 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 acknowledge that although St. John's has taken safety measures to minimize risk of injury, St. John's 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 youth in the importance of knowing and abiding by St. John's rules, regulations and procedures for the safety of participants. I waive any claim against St. John's and/or any injury to myself. The church assumes secondary insurance coverage. I assume primary coverage.

The 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 Camp Youth Volunteer. 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 youth. I give permission to the physician selected by the church to secure and administer treatment, including hospitalization, for my youth as named on this form.

Emergency Contact person (other than parent): _____

Relationship to child: _____ Phone: _____

AUTHORIZATION FOR USING LIKENESS: I hereby give permission for photography/video including my youth and/or myself to be used in the promotion of St. John's and/or the ELCA.

Signature of Parent / Guardian: _____ Date: _____

Printed Name: _____ Relationship to Child(s): _____

VBS Registration is **\$10 per participant**. Please make checks payable to: St. John's Lutheran Church (memo: VBS)