**Vacation Bible School Registration K-5th grade**

**July 16-20, 2018 5:00pm – 8:30pm** (5:00pm – 5:30pm dinner)

Students entering grades K-5th, join us for a week of fun at SHIPWRECKED! We will learn that Jesus rescues us when life gets stormy.

**PERMISSION**

I give permission for my child to participate in Vacation Bible School activities and events at St. John’s Lutheran Church. With this signed agreement we (I) absolve the teachers, chaperones, volunteers, St. John’s Lutheran Church and School, and any and all members of its governing board of any responsibility for the safety, welfare, health, and well-being of the child named below, beyond such matters as may be called reasonable care for children in the custody of a teachers and subject to the teacher’s clear instructions. We (I) assume personally and exclusively all responsibility and liability for accident, injury, etc. which may occur to the above named child during the specific activity as described on this form.

As a parent or guardian of this child, I hereby consent to the use of photographs/videotape taken during the course of events at St. John’s Lutheran Church and School for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

**EMERGENCY TREATMENT RELEASE**

I hereby give permission for the nearest hospital and the Doctor on duty to treat and administer the necessary emergency first aid care, including suturing, tetanus immunization injections, pain relieving drugs, and x-rays, as he/she may deem necessary for my minor child.

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any special circumstances we should be aware of (i.e. allergies, medical conditions):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents' or guardians' daytime emergency phone numbers:

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

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE INFORMATION**

1. Name of insurance carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Insurance policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Dr. Name & phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-SHIRT ORDER $10 per shirt**

Youth: S \_\_ M \_\_ L \_\_ XL \_\_ Adult: S \_\_ M \_\_ Quantity \_\_\_\_ x $10 = $ \_\_\_\_\_ total