

VBS DAY CAMP REGISTRATION FORM 2016

Camper's Name _____ Sex _____ Age _____ Grade Completed in 2016 _____

Name of Parent or Guardian _____ Daytime Phone _____

Address _____ Cell Phone _____

City, State, Zip _____ Email _____

Secondary Contact _____ Relationship _____ Phone _____

Name of Doctor/Health Care Provider _____ Phone _____

Health Information

Medication - List names and dosages:

Date of late Tetanus booster: _____

Skin Diseases YES NO If yes, please explain:

Allergies (Food, Drugs, Hay fever) YES NO If yes, please explain:

List any illness, chronic condition, or physical consideration the child has that may affect participation or safety

Other suggestions that may help us to make your camper's week more enjoyable (regarding fears, anxieties, etc.)

I authorize the following people to pick up my child from Day Camp. If there are any changes in these arrangements, I will give advanced written notice. (Note: If there are any special instructions or any persons who are not authorized to pick up your child, please make a specific note on this page.)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

RELEASE: I give permission for my child to participate in all programs for the week and agree that camp volunteers from Bethany Lutheran Church, WBUMC, as well as EWALU staff will not be held responsible for accidents or personal injury arising therefrom. I authorize the adult leaders from the churches and the EWALU staff to secure any medical or emergency treatment deemed necessary for my child. As my child's parent or guardian I am the primary carrier of accident/health insurance for my child. I also grant permission for my child's photo to be used in any promotional material by EWALU and Bethany/WBUMC unless checked below.

I request my child's photo NOT be used in EWALU publications

I request my child's photo NOT be used in Bethany or WBUMC publications

Signature of Parent or Guardian

Date

PLEASE RETURN TO BETHANY LUTHERAN CHURCH OR WBUMC BY MAY 8th!!!

Please contact Courtney Heid 319-400-7227 or Jodi Yeggy 319-850-0762 with questions

RETURN OPTIONS:

Bethany's Office OR WBUMC Office

By mail: PO BOX 236 West Branch, IA 52358

By email: blcsecretary@lcom.net OR youbelong@westbranchumc.org