

# VBS DAY CAMP REGISTRATION FORM 2019

Camper's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade completed in 2019 \_\_\_\_\_

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

Immunization a) DPT Permanent Shots (Series of 3): YES NO

b) Polio Immunization: YES NO

c) Date of late Tetanus booster: \_\_\_\_\_

Skin Diseases YES NO If yes, please explain:

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

Medication - List names and dosages:

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, 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 Lutheran Church 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 BY MAY 15th**

Drop off at Bethany's Office or by mail: P.O. Box 236 West Branch, IA 52358

Or Email completed form to [blcsecretary@lcom.net](mailto:blcsecretary@lcom.net)