



Registration Form for Vacation Bible School 2008

June 23-26, 9:00 a.m.-12:00 p.m.

Open to children who will be three by June 1st through those entering 6th grade in the 2008/2009 academic year.

Preschoolers must be potty trained.

Registration Fee: \$10 per child

Parent's Last Name

Parent's First Name

Home Phone Number

Street

City, State

ZIP

Home Church

Child's Name Last Name, First Name	Birthday MM/DD/YYYY	Current Age	Grade Last Completed	Sex
				M F
				M F
				M F
				M F

A snack will be made available to the children during Vacation Bible School. Please indicate whether or not your child(ren) has/have permission to have a snack. Yes No
(See medical authorization form for allergy information.)

Yes! I have completed, signed and dated the medical form on the reverse side.

Yes! I would like to help with VBS.

EMERGENCY MEDICAL AUTHORIZATION FOR VACATION BIBLE SCHOOL

Family's Last Name _____

Parent/Guardian (1st person to be contacted) _____

Phone _____ Alternate Number _____

Emergency Contact Person (if person above cannot be reached) _____

Phone _____ Alternate Number _____

Family Doctor _____ Dr.'s Telephone _____

<p>CHILD #1 Name: _____</p> <p>Food Allergy: YES NO Foods: _____ Reaction: _____</p> <p>Bee Allergy: YES NO Reaction: _____ _____</p> <p>Drug Allergy: YES NO Reaction: _____ _____</p> <p>Other Allergies: YES NO Type/Reaction: _____ _____</p>	<p>CHILD #2 Name: _____</p> <p>Food Allergy: YES NO Foods: _____ Reaction: _____</p> <p>Bee Allergy: YES NO Reaction: _____ _____</p> <p>Drug Allergy: YES NO Reaction: _____ _____</p> <p>Other Allergies: YES NO Type/Reaction: _____ _____</p>
<p>CHILD #3 Name: _____</p> <p>Food Allergy: YES NO Foods: _____ Reaction: _____</p> <p>Bee Allergy: YES NO Reaction: _____ _____</p> <p>Drug Allergy: YES NO Reaction: _____ _____</p> <p>Other Allergies: YES NO Type/Reaction: _____ _____</p>	<p>CHILD #4 Name: _____</p> <p>Food Allergy: YES NO Foods: _____ Reaction: _____</p> <p>Bee Allergy: YES NO Reaction: _____ _____</p> <p>Drug Allergy: YES NO Reaction: _____ _____</p> <p>Other Allergies: YES NO Type/Reaction: _____ _____</p>

Medical & Liability Release - Valid June 23-26, 2008

I, the undersigned parent or guardian of the above mentioned child(ren) a participant in Vacation Bible School sponsored by the St. John Lutheran Church, Woodbury, Minnesota, do hereby state that said child is physically and medically able to participate in the said activity. I do hereby release and discharge the St. John Lutheran Church and its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted in behalf of said minor and/or myself against the St. John Lutheran Church, representatives, or staff. Furthermore, in the event of an accident, if said staff or representatives are unable to contact the undersigned, I hereby grant permission to said staff or representative to administer first aid, and/or take the participant to a medical facility for treatment.

Signature of Parent or Guardian

Date