

2019 Beautiful Savior Lutheran Church VBS Day Camp REGISTRATION FORM

Registration Deadline Date: July 17, 2019. (If needed, registrations will be accepted during the week of camp.)

Return Completed Registration Form to: **Beautiful Savior Lutheran Church** 12513 SE Mill Plain Blvd, Vancouver, WA 98684 ☎ 360-254-9243

CAMPER INFORMATION: (IF REGISTERING MORE THAN ONE CHILD PLEASE SUBMIT SEPARATE FORM FOR EACH CHILD)

Camper's First and Last Name _____
Grade Completed (as of camp) _____ M () F () Birthdate _____ Age (as of camp) _____

PARENT/GUARDIAN INFORMATION:

Parent /Guardian Name(s) _____
Mailing Address _____ City _____ St _____ Zip _____
Day Phone _____ Night _____ Cell _____
Email Address _____ Home Church _____ City _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____
Address _____ City _____ St _____ Zip _____
Day Phone _____ Night _____ Cell _____
Relationship to camper _____

APPROVED DRIVER(S):

Name of Person(s) picking up the child: _____
Phone Number(s) of Approved Driver(s): _____
Relationship to Parent and Child: _____
List days to be picked up: _____
My Child has permission to walk home, ride a bike home from camp ____ YES ____ NO

Does your child have any allergies (Food, Medication, Environmental, Other)? If so, please describe.

Does your child have any physical, behavioral, or emotional issues we should know about? If so, please describe.

I hereby give informed and expressed consent for my child to take part in all camp activities under supervision, and agree that the congregation and/or personnel and volunteers will not be held responsible for accidents arising there from. I authorize the onsite healthcare provider and/or designated staff/volunteers to provide appropriate treatment to my child for injuries and/or illness. I understand that the information on this form may be released to the appropriate medical personnel in case of medical emergency. I also understand the failure to disclose medical or emotional problems in advance may lead to serious consequences while at camp. Lastly, I verify that everything contained on this form is complete and accurate, to the best of my knowledge.

I consent for use of photography of my child or family for Beautiful Savior Lutheran Church _____(initial)

Parent Guardian Signature _____ Date _____

YES, I would like to help with Camp! (name and phone number) _____