



2019 REGISTRATION FORM

Christus Victor Lutheran Church & Family of Christ Lutheran Church

VACATION BIBLE SCHOOL

Sunday, June 9 through Thursday, June 13

6:00 to 8:00 p.m. (5:15- 5:45 p.m. light dinner)

Age 3 - 4th Grade (Must be 3 years old by May 1 and potty trained.)

Child's Name:	Gender:	Birthdate:	Age:	2018-19 Grade:

Please indicate any allergies or medical conditions so we can ensure safe meals and activities are provided:

Check here if your child(ren) will NOT be eating dinner (5:15-5:45 p.m.) with us before VBS.

Check here if you DO NOT want your child(ren)'s photo taken during the week:

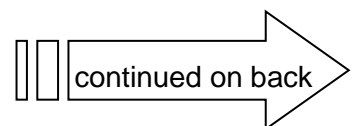
COST: \$25 per child/\$70 maximum per family. Registration fees payable at the time of registration.

_____ children registered x \$25 per child (\$70 max per family) = TOTAL DUE \$ _____

Registration due by May 31.

You can also visit www.familyofchrist.com to register and pay online.

(Office Use) Amount Paid _____ Check # _____ Cash _____



Parent / Guardian Information

Name of parent(s) / guardian(s): _____

Address: _____ City/State: _____ Zip Code: _____

Home Phone Number: _____ Cell phone: _____

Preferred email (for reminders and VBS updates): _____

Church Family Attends: Christus Victor Lutheran Church
 Family of Christ Lutheran Church
 Other: _____

Emergency contact person (other than parent): _____

Relationship to child: _____ Phone: _____

Participation Authorization & Consent to Emergency Medical Treatment

I, the undersigned, certify that I am the parent or legal guardian of _____
[hereafter the "minor child(ren)"].

I hereby give my consent to have my minor child(ren) participate in this **Christus Victor Lutheran Church and Family of Christ Lutheran Church** sponsored Vacation Bible School (hereafter "VBS").

I recognize that there are risks involved in participating in VBS and hereby assume all risk of injury, harm, damage or death to my minor child(ren) in connection with his/her participation in these activities.

To the fullest extent permitted by law, I release **Christus Victor Lutheran Church and Family of Christ Lutheran Church**, it's trustees, officers, directors, employees, agents and representatives from any injury, harm, damage, or death which may occur to my minor child while participating in VBS and agree to save and hold harmless **Christus Victor Lutheran Church and Family of Christ Lutheran Church**, it's trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child(ren)'s participation in VBS.

Further, being the parent of legal guardian of the minor child(ren), I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child(ren). I understand that efforts will be made to contact me prior to treatment, but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child(ren). As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child(ren) and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child(ren). Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Parent/Guardian(s) Signature(s) _____ Date _____

VOLUNTEERING: Aspects of VBS will be facilitated by camp counselors from Wapo, but we need many adults to help it run smoothly. There are options for volunteering one night or all five evenings. There are options for donating craft items or meals for Wapo counselors.

Please check here if you'd like Amy (952-435-5757) to contact you about volunteering or to sign up, visit <https://www.signupgenius.com/go/20F044CABAF2BA2F49-2019>

