



Vacation Bible School / Day Camp

Registration

July 16th-20th 2018

At First Lutheran Church of Kennewick

Suggested Donations: \$20.00 for Preschool / \$40.00 for Day Camp

Home Congregation: Kennewick First Lord of Life Pasco First Other _____

- 9-11:30am Preschool & Kindergarten **3 year olds welcome with adult accompaniment
 9am-3pm Incoming 1st - 6th graders **Must bring lunch
 Youth Volunteer (7th-12th Grade)

Child's Name: _____ Male _____ Female _____

2018-19 Grade: _____ Date of Birth: _____

Name of Parent(s)/Guardian(s): _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Additional Number: _____

Email: _____

Emergency Contact: _____ Phone: _____

Relation to Child: _____

Name(s) of persons able to pick child up other than parent(s) of guardians(s): _____

Relationship to camper: _____ Days eligible to pick up: _____

Parent Signature: _____ Date: _____

Name(s) of siblings attending camp: _____

Will you be missing any days of Camp? Y / N If so, which days: _____

Medical Information:

Allergies (Medicine, food, etc.): _____

Doctor: _____ Doctor's Phone #: _____ Date of last tetanus shot: _____

Insurance Company _____ Insurance Number _____

Medication(s) currently taken: _____

Will there be medications that will need to be given during camp? Y / N _____

If so, bring medicine along with dosage and instructions to registration.

Pertinent medical information: (Injuries, disabilities, etc.) _____

Medical Release

IN CASE OF EMERGENCY, I hereby give permission to First Lutheran Church of Kennewick (KFLC) authorized representatives to act in my behalf to hospitalize and/or secure proper treatment for my child as named on this form. I understand that every effort will be made to notify me first before treatment is administered. I acknowledge that my medical insurance will be the primary insurance billed.

I do hereby release from any liability KFLC and Little Treasures Preschool (LTP) representatives in the event that any accident or loss of property during the event within dates above. In the event of injury, property loss or damage, I understand that my own insurance will be the primary insurance billed.

I hereby agree to indemnify and hold harmless KFLC, LTP, Lutherhaven Ministries, their employees and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

I hereby allow my child to participate in any and all Vacation Bible School and camp activities, except as outlined above under 'Medical Information.' I accept all risks associated with the activities planned.

Parent/ Guardian Signature: _____

Date: _____

Publicity Release

I hereby grant permission to staff & volunteers from Lutherhaven Ministries, LTP, KFLC, Lord of Life, and Pasco First Lutheran to take quotes, photos and/or videos of my child during youth events and use them in any appropriate church-related context. Use includes, but is not limited to, Facebook, Newsletters, church bulletin boards, ads, webpages, etc.

Parent/ Guardian Signature: _____

Date: _____

For Office Use Only:

_____ Amount Paid Cash _____ Amount Paid Check