**Vacation Bible School / Day Camp**

**Registration**

**July 15th-19th 2019**

At Lord of Life Lutheran Church

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 old’s welcome with adult accompaniment

9am-3pm Incoming 1st - 6th graders - Bring your own 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Camperships available upon request. Everyone gets the opportunity to participate regardless of ability to pay!)*

**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**

I consent to first aid and emergency medical care for my child/ward and authorize, if necessary, admission to a hospital for treatment of injuries that my child/ward could sustain while participating in this program.

I understand that I am responsible for any and all medical expenses that may be incurred by my child/ward, including emergency medical transport, as a result of any accident or illness while participating in the program.

I give permission for Lutherhaven Ministries and First Lutheran of Kennewick, First Lutheran of Pasco, and Lord of Life to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for my child/ward for medical care.

Parent/Guardian (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Participant (if over the age of 18 and in high school) (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Participant (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Consent, Assumption of Risk and Liability Waiver

\*Important! To be signed by Parent(s)/Guardian(s) for children/youth under age 18 years and by participating youth if age 18 or older and in high school.

I have requested that Lutherhaven Ministries and First Lutheran of Kennewick, First Lutheran of Pasco, and Lord of Life enroll my child/ward, as named above, as a participant in an activity-based camp, program or activity. As a condition of participating in this camp, program or activity, I, the undersigned, do hereby agree on behalf of my child/ward, as named above, to the following:

Known & Unknown Risks

This event has been carefully planned to be a safe and successful event. However, no activity or event is without possibility of unforeseen hazards and accidents. Certain activities have the inherent possibility for risk and accidents. Therefore, we want to alert parents, guardians, and other individuals to these risks. Activities include, but are not limited to: outside running and water activities, archery, and indoor crafting activities.

In signing this portion of this document, I agree that;

I have or will investigate all risks involved with my/our child’s attendance and/or participation in the described event, and further as the parent or legal guardian, I/we assume any and all risks of personal or bodily injury to my/our child and/or for any property damages associated with this event caused by my child.

In consideration of Lord of Life Lutheran Church allowing my/our child to participate in the above-described event, I/we, the undersigned, do hereby release, forever discharge and agree to hold harmless Lord of Life Lutheran Church, its directors, employees, volunteers and agents (hereinafter the “Church” and Lutherhaven Staff) from any and all liability, claims or demands for accidental personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by my/our child while involved in this event.

Furthermore, on behalf of my/our child, I/we hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in the described event. Authorization and permission is hereby given to the Church to furnish food, and lodging for my/our child, if applicable. The undersigned agree(s) to hold harmless and indemnify the Church for any liability sustained by the Church as a result of negligent, willful or intentional acts of my/our child, including expenses incurred attendant thereto.

Parent/Guardian (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Participant (if over the age of 18 and in high school) (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Participant (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Publicity Release**

I agree to allow the use of my child’s/ward’s photos, quotes and/or likeness’ in brochures, ads, web pages, video tape and other media as deemed useful by Camp Lutherhaven, Lord of Life, Kennewick First Lutheran, and/or Pasco First Lutheran. I waive all rights to any compensation for the use of such images, quotes or likeness’.

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

***For Office Use Only:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid Cash \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid Check

\_\_\_\_ PFL \_\_\_\_ KFL \_\_\_\_ LoL \_\_\_\_ Other