



VBS - July 23 - 27, 6-8 PM at Trinity Crossing
 Dinner beginning at 5:30 PM each night
 Open to all children age 3 - entering 6th grade
 \$5 minimum donation includes a T-Shirt! Shirt Sizes Range
 from Youth Small - Adult 3XL - DUE JULY 1st for shirt guarantee

Child's Name: _____

Grade Completed: _____ Shirt Size: (indicate Youth or Adult) _____ Date of Birth: _____

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Child's Name: _____

Grade Completed: _____ Shirt Size: (indicate Youth or Adult) _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

E-mail: _____

Emergency Contact Name: _____ Phone No.: _____

Food Allergies: Yes No List: _____

Medical Concerns: Yes No List: _____

Are you willing to help during VBS? Yes No Name of person interested in helping: _____

If you would like to order a CD for an additional \$10 please indicate below. Registrations received before July 1 will be guaranteed a CD. After that I cannot guarantee a CD because of supply. I will do my best to get CDs for those that wish to have one. Thank you for your understanding.

CD, additional \$10 Yes No

Paid Registration \$5/child Yes No

Any questions please contact – Jackie Strandberg 763.226.7665 strandbergjackie@gmail.com
 Sue VanHooser 763.389.1420 youthandfamily@immanuelprinceton.org

PARTICIPATION, EMERGENCY TREATMENT & MEDIA CONSENT FORM

VBS

July 23, 2017 – July 27, 2017

Child(ren) Name(s): _____

Consent to Participate:

I hereby give permission for my child to participate in Vacation Bible School organized by Trinity Lutheran Church & Immanuel Lutheran Church.

Emergency Medical Treatment:

In the event of injury, illness or accident, I hereby give my consent in advance to designated leaders of Trinity Lutheran Church & Immanuel Lutheran Church and to physicians and hospital staff to render emergency treatment in their judgment is reasonably necessary. I understand that leaders of the church will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in the event of an emergency.

I specifically release Trinity Lutheran Church, Immanuel Lutheran Church, and its leadership, members and representatives from any and all liability, claims, loss, damage, and expense arising out of or from any accident or other occurrences causing injury or damage to any person or property.

Media Release:

Photos of your child may be taken during Vacation Bible School. Trinity Lutheran Church & Immanuel Lutheran would like your permission to use pictures of your child to illustrate and promote the Vacation Bible School experience and other programs and events. Please take a moment to let us know your preference regarding our use of your child's photograph.

_____ I grant Trinity Lutheran Church & Immanuel Lutheran Church permission to use photos of my child for the purpose described above.

_____ Please do NOT use photos of my child.

Parent/Guardian signature

Date

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