



CAMP OUT-VBS

Friday, June 9—5:30-7:30pm
Saturday, June 10—9:30-11:30am
Sunday, June 11—9:30-10:30am (worship)
St. James Lutheran Church
 6700 46th Place North, Crystal
Please complete both sides of form

VBS is open to all children ages 3yrs—5th grade (current age). It involves 3 days of VBS that includes Bible study, worship, crafts, snacks and games.

Participant Information:

Name of participant: _____
 Gender: M F Date of Birth: ___/___/___ Age: _____ Grade (as of 9/1/2016): _____
 Preferred Buddy _____ Tshirt Size (Youth): XS S M L
 Family Email Contact: _____

Parent(s)/Guardian(s) Names: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: (___) _____ Work Phone: (___) _____
 Email Address: _____ Cell Phone: (___) _____

Emergency Contact (other than parent)

Name: _____
 Home Phone: _____ Cell Phone: _____
 Relation to Child: _____

Volunteer Information: Yes, I would like to help with VBS (please check your area(s) of interest)

*Please complete Volunteer Application (this is a separate form)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Station Leader* | <input type="checkbox"/> Guide * | <input type="checkbox"/> Photographer * | <input type="checkbox"/> Registration* |
| <input type="checkbox"/> Donating Supplies | <input type="checkbox"/> Prepping Materials | <input type="checkbox"/> Decorating/Set-up | <input type="checkbox"/> Clean-up |

Photo Release

I understand that photographs are taken at Camp Out VBS. I give permission for photographs of my child(ren) to be used for Wildfire purposes only. I agree that photographs in which my child(ren) appears may be used in the following areas. **Please check any areas you DO NOT agree to:**

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bulletin Boards | <input type="checkbox"/> Newsletters | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Promotions/Slide Shows | <input type="checkbox"/> Website | |

Signature: _____

VBS is our FREE gift to you. We believe in welcoming all to this amazing ministry. Through donations like yours this ministry is possible. The cost per child is \$15 for the week. We will gratefully receive any donation to ensure others can benefit from this wonderful ministry.

I would like to give: ___ \$10 ___ \$15 ___ \$20 ___ \$25 Other _____

My donation is included with my registration (cash or check only).

Medical & Health Information

I authorize my son(s)/daughter(s) to participate in all Camp Out VBS activities (Bible Study, worship, crafts, snack, games etc.). I understand the risks of injury inherent to the activity in which my child is participating. I give permission for medical treatment to be obtained and administered to my child if necessary. I agree to reimburse the church, its pastors, staff, leaders or chaperones for any costs they occur while seeking medical treatment for my child.

Insurance Company: _____ Policy Number: _____
Group Number: _____ Phone Number: (____) _____
Family Physician: _____ Clinic Name: _____
Phone Number: (____) _____

Health Info:

Allergies: _____

Chronic Diseases (examples: Asthma, Seizure Disorders, Diabetes, Heart Problems): _____

Medications Currently Taking or uses Periodically: _____

State any Special Dietary, Medical, Health, Learning , Emotional or Special Needs of your child: _____

Is there anything you would like us to know to help make your child's education a safe and positive one? _____

Every child is a unique learner and we do our best to meet the individual needs of students. Would you like to schedule a meeting with a staff member in preparation of our program? Yes or No (circle one)

Authorization

I authorize my child (ren) to attend the events associated with VBS at St.James L.C.. In the event a medical emergency arises and the emergency contact or myself cannot be reached by phone, I authorize St. James and its agents to provide care for my child and make necessary medical decisions. I am aware of the Behavioral Covenant (below) and will support Camp Out staff in administering care/supervision, if behavioral expectations are not met. I further release St. James as well as all of its agents, members or employees, for all liability for any accident, injury or claim arising from my child's use of its facilities, or participation in any of its programs. Furthermore, I take full responsibility for any financial cost, which may be incurred, for the care of my youth.

Parent or Guardian Signature: _____ Date: _____

Behavioral Covenant

To ensure an outstanding Christian experience for everyone, we ask that all abide by the expectations:

- This is a drug free setting (including alcohol or tobacco).
- We maintain a safe and appropriate environment at all times.
- Participation in all group activities and appropriate participation in small and large group events.
- Respect group leaders, adults, peers, staff members, and facilities is expected at all times.
- A positive attitude and encouragement of others.

Church Office Use Only

Family name: _____

Donation Amount: _____ Check Number: _____ Date _____