

GONE FISHING REGISTRATION FORM

Please complete a separate form for each child in your family.

Today's Date: _____

Child's Name: _____

Is this child a member of First Lutheran? ___ Yes ___ No

Parent(s) Name(s): _____

Street Address: _____

City: _____ Zip Code: _____

Email: _____

Phone: _____ (home/cell/work); _____ (home/cell/work)

Emergency Contact Name & Phone: _____ (home/cell/work)

Special Needs/Allergies/Anything We Should Know: _____

Dismissal Information
Name(s) of person(s) who may pick up this child from VBS: _____

**Please check the appropriate Preschool age OR school placement that your child will ENTER in Fall 2019:
*Preschool-aged participants MUST be at least 3 years-old and potty trained by June 1.**

- Preschool 3s* Preschool 4s
 Kindergarten 1st Grade 2nd Grade 3rd Grade
 4th Grade 5th Grade

(form continues on reverse side)



Health Insurance Information and Release

While every effort is made to ensure the safety of each and every child, accidents do happen. Please supply your child's health insurance information in the event of any emergency.

Policy Holder's Name: _____

Insurance Company Name: _____

Policy/Member Number: _____

Primary Physician's Name and Phone Number: _____

By my signature below, I consent to any ex-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care under the general supervision and upon the advice of or to be rendered by a physician, surgeon, and dentist licensed under the Medical Practice Act and Dental Practice Act. As parent or legal guardian, I am responsible for the health care decisions of my child and am authorized to consent to services to be rendered, and no other consent is required by law. I hereby give permission to the physician selected by the activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist. I will assume FULL FINANCIAL RESPONSIBILITY for care given.

I warrant and represent that I am eighteen years of age or over and am fully aware of and understand the terms and legal consequences of the signing of this form. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature: _____ Date: _____

Grown-ups of K-5th Graders, please review the following with your child:

As a participant in VBS, and as a child of God, I understand and agree to the following expectations:

- I will choose to participate fully in Vacation Bible School.
- I will choose to respect all people, including myself, choosing to treat others as I would like to be treated.
- I will choose to listen to all leaders and volunteers.
- I will choose to use my words to build others up, or I will choose to be quiet.
- I will not bring harm to myself or others. I will choose to maintain self-control.
- I will choose to be respectful of the facilities and grounds where VBS is held. I understand that if I damage another's property, I am responsible for replacing/repairing it.

I understand that if I choose to break this covenant, there are consequences. I will take responsibility for my actions. I understand that if I choose to harm myself or others, my parent/guardian will be contacted, and I will be sent home.

Child's Signature: _____

I have read this covenant and enter into it with my child. I will encourage my child to abide by it daily. I understand that should my child choose to break this covenant; every effort will be made to contact me and my child will be sent home. I also understand that if I am not reachable the emergency contact listed will be contacted.

Parent/Guardian Signature: _____