

LANDS LUTHERAN CHURCH VACATION BIBLE SCHOOL 2017

Parent/Guardian Information

Parent/Guardian Name(s):	Best phone number to reach you:
E-mail:	<input type="checkbox"/> YES! I can help at VBS! Contact me. <input type="checkbox"/> YES! I am willing to donate supplies. Contact me.

Emergency Contact Information

Emergency Contact Name: <i>(other than parent)</i>	Relationship:	Best phone number to reach them:
Emergency Contact Name: <i>(other than parent)</i>	Relationship:	Best phone number to reach them:

Child name:	<u>Grade Entering (2017-18):</u> <input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th
<u>T-shirt size:</u> Child: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Adult: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Allergies, medical, or behavior concerns:

Child name:	<u>Grade Entering (2017-18):</u> <input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th
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Child name:	<u>Grade Entering (2017-18):</u> <input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th
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Promotional Release

Unless otherwise stated below, I give permission for my child's photo to be released for publicity purposes without compensation.

Parental Release

I am the parent/legal guardian of the participant(s) named on this form, and hereby grant my permission for them to participate fully in Lands Lutheran Church Vacation Bible School (VBS), and to be transported off-site with Lands Lutheran staff members or volunteers. In the event of an emergency and I cannot be reached, I give permission for the supervising Lands staff member or to the available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

(Please attach a clear statement regarding treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)

Parent/Guardian Signature:	Date:
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COKESBURY'S VBS

HERO CENTRAL

**JOIN US AS WE EXPLORE THE WORD OF GOD THROUGH
ART, STORIES, SNACKS, GAMES, AND MORE!**

**PK-6TH GRADE WELCOME!
ADULT HELP NEEDED.**

**REGISTRATION FORMS ONLINE.
\$10 PER KID OR \$25 FAMILY MAX.**

**DO GOOD!
SEEK PEACE AND
GO AFTER IT!
PSALM 34:14B**

**JUNE 11-14
6:00-8:00 PM
LANDS LUTHERAN CHURCH
REGISTER TODAY!**

**REGISTER ASAP
TO GUARANTEE A
T-SHIRT!**

**LANDS LUTHERAN CHURCH
16640 HWY 60 BLVD, ZUMBROTA, MN
507-732-5482 WWW.LANDSLUTHERAN.ORG**