

Registration Form for Vacation Bible School July 15-19



Register by July 6th

(One form per family)

Suggested Donation: \$25 for 1 child, \$35 for 2,
\$45 for 3 or more

St. Mark's Lutheran Church

8300 C. Avenue NE
Marion, IA 52302
(319) 447-0100

Morning session

July 16-19 (Mon – Thurs)
9:00 a.m. – 12:00 p.m.

Evening session

July 15-18 (Sun – Wed)
6:00 p.m. – 8:30 p.m.

Child's Name	Age	Grade (Fall 2018)	Gender (M / F)	Session (M)orning (E)vening	Medical Concerns / Food Allergies	Friend child would like to be with

Parents/Guardians: _____ Home Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Contact Phone: (____) _____ (Mom/Guardian) Contact Phone: (____) _____ (Dad/Guardian)

Emergency contact during VBS (9 a.m. – 12 p.m./6:00 p.m. – 8:30 p.m.) if we can't reach anyone at the above numbers

_____ Relationship: _____ Phone: (____) _____

Person responsible for picking up child each day: _____

Relationship: _____ Phone: (____) _____

List any adult who is **NOT** permitted to pick up your child: _____

Home church: _____

Can we call on you to be a volunteer during VBS (St. Mark's member only)? Yes / No

Would you be willing to donate treats for the volunteers during VBS (cookies, bars, fruit, etc.)? Yes / No

******Please provide medical information, sign and date the release on the back of this form******

Medical Information	
Med. Insurance Co.:	Med Insurance Policy #:

Consent Form

My son(s)/daughter(s) has my permission to attend all activities sponsored by St. Mark's Lutheran Church in July 2018.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases St. Mark's Lutheran Church and its staff and volunteers of any liability against personal losses of named student(s).

I/We the undersigned have legal custody of the student(s) named on the other side of this form, who is (are) a minor, and have given our consent for him/her to attend events being organized by St. Mark's Lutheran Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release St. Mark's Lutheran Church, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our student's involvement. In the event he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by St. Mark's Lutheran Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by our health insurance provider. Further, I/we affirm that the health insurance information provided on this form is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. *Note: If you desire to limit your student's participation, please submit your wishes in writing to the church prior to this event.*

I/We give permission for any picture or video taken of my student to be used for ministry purposes, including publication in print material, website, and online social networks. (Facebook, etc.)

This signature verifies your agreement to all of the above:

Parent/Guardian

Date