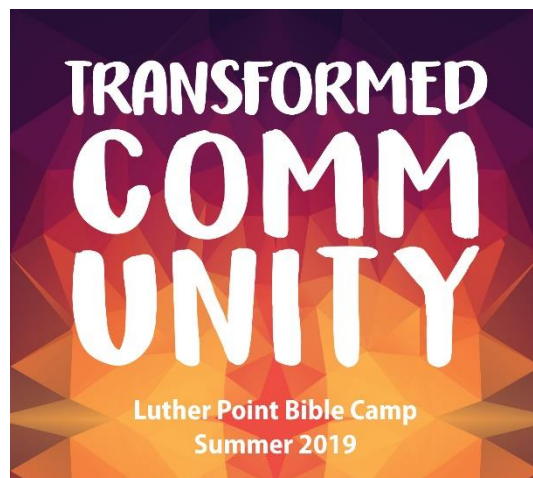


First Presbyterian, Mt. Zion, and St. Paul's Episcopal Presents...

Vacation Bible School July 8-12



Hosted at Mt. Zion

Entering 1st-6th grades led by camp counselors

Monday- Friday 9am-2pm

-Bring your own lunch, water bottle, sunscreen, and sneakers

-We will have a Water Day as weather allows

3-5 year olds led by Maggie & Carol Gustafson

Monday- Friday 9am-11am

COST: FREE (free-will donations accepted)

INVITE YOUR NEIGHBORS, GRANDKIDS, CLASSMATES, AND COUSINS!

Special Events:

* Sunday, July 7th 11:45am-2pm Pizza Party hang out with camp counselor for *just* Middle and Highschoolers. Please note that 7th-12th graders are welcome to sign up as VBS helpers but still require a registration form

* Wednesday, July 10th 6-7pm Potluck and Campfire Worship All are welcome

Volunteer and Food Donation signup on www.mtzionhudson.com

Circle Child's Age or Grade Entering: 3yr 4yr 5yr olds; 1st 2nd 3rd 4th 5th 6th grade
7th 8th 9th 10th 11th 12th grade

If you are a 7th-12th grader, do you plan on attending the Sunday Pizza Party? Yes or No

Circle your home church: First Presbyterian, Mt. Zion, St. Paul's Episcopal, other _____

Circle T-shirt size: YOUTH xsmall/ YOUTH small/ YOUTH medium/ YOUTH large/ YOUTH xlarge

ADULT small/ ADULT medium/ ADULT large/ ADULT Xlarge/ ADULT XXL

Sizes not guaranteed if registered after June 2nd

Parent's email: _____

Fill out both sides- return to your church office

Got questions? Ask Amanda Stojan 651-442-3645, amanda.stojan@gmail.com

Mt. Zion 715-386-5409, 505 13th Street (between E.P.Rock Elementary School and O'Connell Funeral Home)



LPBC DAY CAMP HEALTH, EMERGENCY, AND AUTHORIZATION INFORMATION FORM

THIS BOX MUST BE COMPLETED FOR ATTENDANCE

Church where Day Camp is being held _____ Mt. Zion _____

Town/ST _____ Hudson, WI _____ Date ____ July 8-12 ____

I understand and certify that my child's participation in Luther Point Bible Camp's (LPBC) Day Camp program held at the church and its activities is completely voluntary. I recognize that certain hazards and dangers are inherent in Day Camp events and programs and I acknowledge that although LPBC and the church have taken safety measures to minimize the risk of injury, LPBC and the church cannot insure nor guarantee that the participants', equipment, premises and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by LPBC and the church's rules, regulations and procedures for the safety of participants. I waive any claim against LPBC and the church and/or its personnel for any lost articles; for any injury to my minor child; and/or any injury to myself. The church assumes secondary insurance coverage. I assume primary coverage.

This health history is correct so far as I know, and the person named on this form has permission to engage in all camp activities except as noted.

AUTHORIZATION FOR TREATMENT: In case of emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the Day Camper. In the event I cannot be reached, I hereby give permission to the medical personnel selected by the church to order x-rays, routine tests, treatment, and necessary transportation for my child. I give permission to the physician selected by the church to secure and administer treatment, including hospitalization, for my child as named on this form.

AUTHORIZATION FOR TRANSPORTATION: I hereby give permission for my child to be transported for off-site outings.

AUTHORIZATION FOR USING LIKENESS: I hereby give permission for photographs/video including my child and/or myself to be used in the promotion of LPBC and/or the ELCA.

COMPLIANCE WITH ELECTRONICS POLICY: I understand that LPBC does not allow any electronic devices except cameras and I certify that I have ensured my child's compliance with this policy.

Signature of Camper's Parent/Guardian _____ Date _____

Reverse side of form must also be completed.

The information on this form is gathered to assist us in identifying appropriate care and will only be shared with medical personnel. This form is to be completed by the parent(s) or legal guardian(s) of minors.

Camper's Name _____

Last First MI
Preferred Name _____ ☐ Female ☐ Male

Telephone _____ Birth Date _____

Home Address _____

Street City State Zip

Parent/Guardian—In an emergency, notify:

Name _____ Telephone _____

Relationship _____

Location while camper is at Day Camp _____

Who will be picking your child up? _____

HEALTH HISTORY

Does the camper have any physical condition requiring special care? Please explain.

Does the camper have any allergies, i.e.: food, meds, etc? If so, describe reaction and treatment.

Explain any activity restrictions:

Do you carry family medical/hospital insurance? ____ Yes ____ No

If so, indicate: Carrier _____

Policy or Group # _____