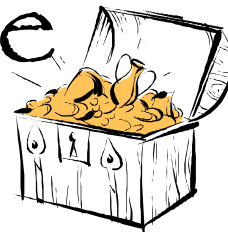


**FIRST LUTHERAN CHURCH**  
**Vacation Bible School 2010**  
Monday, August 30—Wed., Sept. 1  
8:30am to 12:00pm

*3 years old—incoming 5th graders*

# Treasure Cove

Vacation Bible School



**Volunteers:** I (adult or youth entering 6th grade or older) would like to help with:

\_\_\_ snacks \_\_\_ crafts \_\_\_ games \_\_\_ science \_\_\_ music \_\_\_ teaching

**VBS Student Information:**

Student's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade child will be in for school year 2010-2011 \_\_\_\_\_

Are you a member of FLC? \_\_\_\_\_ Are you a member at another church? \_\_\_\_\_

Parents Names \_\_\_\_\_

Email Address \_\_\_\_\_

Phone (cell) \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_

Home Address \_\_\_\_\_

If we can't reach you, who should we contact?

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Number (s) (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Known allergies or medical concerns \_\_\_\_\_

**First Lutheran Church Medical Release, Indemnification & Photo Release Form**

In the event of a medical emergency, I authorize medical treatment for the above named child/youth as deemed necessary by a First Lutheran Church representative or by a physician. I expressly assume any and all risks of injury arising from or relating to the activities, with the understanding that activities are planned to be safe, fun, and that youth are supervised at all times. I have given my child permission to participate in at First Lutheran Church and waive and release any and all suits or demands of any kind or nature to whatsoever against First Lutheran Church, staff, volunteers, or representatives arising from or relating in any way to the participant's voluntary participation in said activities. I also give First Lutheran Church permission to photograph the participant and for those photos to be used by First Lutheran Church in communicating with the congregation and the wider community. I know that I can retract this permission for photo use at any time by contacting the Pastor or Youth Director in writing.

I have read, understood, and agreed to the information I have signed to on this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_