

Lutheran Church of the Resurrection



Dear Parents/Guardians,

We are happy that you plan to have your child join us at the Lutheran Church of the Resurrection for Vacation Bible School! We have a great staff of young adults ready to offer their energy and imagination for a Vacation Bible School with a day camp experience. VBS will be from 9 AM to 3 PM during the week of August 10-14th, 2020:

- Children, who will be entering K-6th in the fall, day camp will be from 9 AM to 3 PM.
- Children, ages 3 to 5 years (and toilet trained), can join us from 9:00 – 11:45 AM for VBS Morning Camp.

The fee for the entire week of VBS Day Camp is \$25 per child; \$60 maximum per family.

Registration deadline is July 31st. Please complete and return this letter registration form, which includes the following:

- #1- Family Form
- #2- Family Photo/Video/Audio Release Form
- #3- Each Individual Camper Form

Forward all pages to the Lutheran Church of the Resurrection, 1700 Makefield Road, Yardley, PA 19067. Please make checks payable to **Lutheran Church of the Resurrection**.

#1 Family Form

Parent/Guardian Name(s) _____

Address: _____

Phone # _____ Email: _____

How many children are registering for camp? _____

Please list the names of people you authorize to pick your child from camp:

Please check which snack you can bring for use during the week:

Chips _____ Cookies _____ Pretzels _____ Other _____
Veggies _____ Fruit _____ Popcorn _____

PHOTO, VIDEO AND AUDIO RELEASE FOR MINORS

**TO: Lutheran Church of the Resurrection
1700 Makefield Rd.
Yardley, PA 19067**

I, _____, give the *Lutheran Church of the Resurrection* permission to use my child's likeness, image, voice and / or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made by or on behalf of the *Lutheran Church of the Resurrection*. I agree that the *Lutheran Church of the Resurrection* has complete ownership of such pictures, etc. including the entire copyright, and may use them for any purpose consistent with the *Lutheran Church of the Resurrection's* mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including but not limited to the internet, *Lutheran Church of the Resurrection's* website, YouTube, Facebook and similar sites. I hereby release the *Lutheran Church of the Resurrection* and its agents and assigns from any and all claims, which arise out of or are in any way connected with such use.

In signing the Consent, I understand and acknowledge that:

- I will not receive any monetary compensation for the use of my child's name media coverage or quote.
- I am over 18 years of age and otherwise legally competent to sign this Release or I am the parent/legal guardian of the named minor.
- Names will not be used in any promotion.
- I have read this Release in its entirety and understand it.

I give my consent to the *Lutheran Church of the Resurrection* to use my child's likeness.

Name of Minor Participating at VBS

Date

Name of Minor Participating at VBS

Date

Name of Minor Participating at VBS

Date

Parent/Guardian Signature

Date



Vacation Bible School Day Camp 2020 – Camper Registration

Camper’s Last Name First Name Gender Birthdate School Grade Entering in Fall

Parent/Guardian Information:

Name Relationship to Camper Contact Phone # Email

Name Relationship to Camper Contact Phone # Email

Alternative Emergency Contact Name Relationship to Camper Contact Phone #

Health Information:

Yes No All immunizations required for school are up to date.

Yes No Do you give consent for these over the counter medications:
• Tylenol, Ibuprofen, Benadryl
• Other: _____

Medication Allergies: _____

Food Allergies/Dietary Restrictions: _____

Other Allergies: _____

Please advise of any illness, chronic condition, physical or mental limitations the camper has that requires restriction on camp participation. We will assist your camper should she/he require medication during the day.

Condition: _____

Medication	Quantity	Time	Comments

Please copy and fill out this form for each child registered