



2025 VACATION BIBLE SCHOOL REGISTRATION/HEALTH FORM

N7891 US HIGHWAY 12, ELKHORN WI 53121 | (262)742-2352 | INFO@LUTHERDALE.ORG
One person per form. (*) Indicates Required Information

Participant Personal Information

*First Name: _____ *Last Name: _____
*Birth Date: _____ Gender: _____ *Grade Completed as of June: _____
*Permanent Address: _____
City, State, & Zip Code: _____
Participant Congregation & City: _____

Guardian 1 Contact Information

*First Name: _____ *Last Name: _____
*Relationship to Participant: _____ *Participant Lives with Guardian 1: ☐ Yes ☐ No
*Permanent Address: _____
City, State & Zip Code: _____
*Home Phone: _____ *Cell Phone: _____
Work Phone: _____ Email Address: _____
I want to be added to Lutherdale's mailing list (spring & fall newsletter, summer camp info)
☐ Yes ☐ No
I want to receive monthly email updates on current programs & events at Lutherdale!
☐ Yes ☐ No

Guardian 2 Contact Information

*First Name: _____ *Last Name: _____
*Relationship to Participant: _____ *Participant Lives with Guardian 2: ☐ Yes ☐ No
*Permanent Address: _____
City, State & Zip Code: _____
*Home Phone: _____ *Cell Phone: _____
Work Phone: _____ Email Address: _____
I want to be added to Lutherdale's mailing list (spring & fall newsletter, summer camp info)
☐ Yes ☐ No
I want to receive monthly email updates on current programs & events at Lutherdale!
☐ Yes ☐ No

Emergency Contact *Must be different than guardian 1 or 2*

*First Name: _____ *Last Name: _____

*Relationship to Participant: _____ * Participant Lives with Emergency Contact: ☐ Yes ☐ No

*Permanent Address: _____

City, State & Zip Code: _____

*Home Phone: _____ *Cell Phone: _____

Work Phone: _____ Email Address: _____

Communication Preferences & Information *Please indicate where all communication from Lutherdale to the Guardian prior, during, and after VBS should go. This includes information regarding emergencies, illness, exposure to contagious conditions such as COVID-19, account balance, and program information.*

Check the box(es) of where you would like communications sent:

☐ Guardian 1 Mailing Address

☐ Guardian 2 Mailing Address

☐ Guardian 1 Email Address

☐ Guardian 2 Email Address

2025 VBS Sign Out Authorization Only the following adults (18 years of age) are authorized to sign out and pick up my camper from VBS. Include yourself, if applicable. Campers will only be released to authorized adults listed below.

*First and Last Name, Relationship to Camper, Phone Number

Adult 1: _____ Phone: _____

Adult 2: _____ Phone: _____

Adult 3: _____ Phone: _____

*Will your camper need to be picked up from camp early? ☐ Yes ☐ No

Please list Date: _____ Time: _____

*Will your camper return to camp after being picked up early? ☐ Yes ☐ No

Please list Date: _____ Time: _____

*The following adults **are not** authorized to pick up my camper: _____

2025 VBS Health Form

*First Name: _____ *Last Name: _____

*Birth Date: _____ Gender: _____ *Grade Completed as of June: _____

*Permanent Address: _____

*I have Health Insurance: ☐ Yes ☐ No

Name of Health Insurance Company: _____

Insurance Policy Number: _____

Name of Policy Holder: _____

*Does the participant have any health conditions we should be aware of? ☐ Yes ☐ No

If Yes – please check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Bleeding or Clotting Disorder | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Heart Disease or Heart Defect | <input type="checkbox"/> Hypertension | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis |
| | <input type="checkbox"/> Measles | <input type="checkbox"/> Other - Please List: |

***Immunizations** Check boxes below if the participant's immunizations are current or up to date.

- | | |
|--|---|
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Polio Immunization |
| <input type="checkbox"/> COVID 19-Booster | <input type="checkbox"/> TD (tetanus/diphtheria) |
| <input type="checkbox"/> DPT Permanent Shots | <input type="checkbox"/> *Tetanus Booster Dates: _____ |
| <input type="checkbox"/> Hepatitis B | Tuberculosis Test <input type="checkbox"/> Positive <input type="checkbox"/> Negative |
| <input type="checkbox"/> MMR (Measles, Mumps, Rubella) | |

Emergency Information

Family Doctor's Name: _____ Doctor's Phone: _____

*Does the participant have any chronic or recurring illnesses or medical conditions that may impact their time at VBS? ☐ Yes ☐ No

If Yes, please explain: _____

*Does the participant have any activity restrictions due to health conditions? ☐ Yes ☐ No

If Yes, list the activity restrictions: _____

Suggestions that may make the participant's experience at Lutherdale successful and enjoyable (fears, anxieties, current family situations, etc.

***Please indicate all allergies that the participant may have:** ☐ NONE

- Environmental Allergies: ☐ Bee Stings ☐ Hay Fever ☐ Other – Please List
- Food Allergies: ☐ Dairy ☐ Nuts ☐ Eggs ☐ Seafood ☐ Grain ☐ Meat ☐ Other – Please List
- Medicine Allergies: ☐ Penicillin ☐ Other – Please List

Other Allergies - Please List: _____

***Will the participant be bringing any medications to camp?**

☐ Yes: Medication: _____ ☐ No

2025 Participant Waiver

***Parent/Guardian Authorization:** In the case of a medical emergency, I understand every effort will be made to contact the guardians of the camper. In the event that I cannot be reached, I hereby give permission to the medical examiner selected by the church staff to hospitalize, to secure proper treatment for, to order injection, anesthesia, or surgery for my child as named on this form.

☐ Yes ☐ No Exceptions: _____

***Media Release:** I give permission for photographs and/or video images of the participant to be used in future Lutherdale promotional materials (print publications, website, and social media). Lutherdale will not include names or identifying information to any pictures of participants posted in our promotional materials without direct contact and written documentation of permission on file. PLEASE NOTE: If you do not agree to this release, Lutherdale will not take ANY pictures of your camper during camp, this includes cabin group photos.

☐ Yes ☐ No

***Liability Release:** In consideration of acceptance to Lutherdale Bible Camp, I indemnify and hold harmless Lutherdale Bible Camp, its owners, agents, associates, and staff from any and all liability, claims, damage, injury, exposure to contagious conditions such as COVID-19, or illness sustained by the participant.

☐ Yes ☐ No

***Exposure Notification:** I will notify the Camp Office (262) 742-2352 if I become aware that the participant was exposed to or may have contracted a contagious condition prior to the program or up to 7 days after finishing VBS..

☐ Yes ☐ No

I certify that the above statements are true and correct to the best of my knowledge.

***Guardian Signature** _____ **Date** _____

Please return completed Registration / Health Form via email to:

Galilee@GalileeLC.org or mail to: Galilee Lutheran Church | N24W26430

Crestview Dr, Pewaukee, WI 53072 or drop off Mon-Thurs 8:30am – 4:30pm.