

# ZION VBS 'DISNEY' CAMP REGISTRATION FORM

Camper's Familiar Name _____			
Grade Completed (as of camp) _____	M ( ) F ( )	Birth date _____	Age as of camp _____
Parent /Guardian Name _____			
Mailing Address _____	City _____	St _____	Zip _____
Day Phone _____	Night _____	Cell _____	
Email Address _____	Home Church _____	City _____	
<b><u>IN CASE OF EMERGENCY, PLEASE NOTIFY:</u></b>			
Name _____			
Address _____	City _____	St _____	Zip _____
Day Phone _____	Cell _____		
Relationship to camper _____			

<b><u>APPROVED DRIVER</u></b>	
Name of Person(s) picking up the child: _____	
Phone Number of Approved Driver: _____	
Relationship to Parent and Child: _____	
List days to be picked up: _____	
My Child has permission to walk home, ride a bike home from Day Camp      YES      NO	
Parent/Guardian Signature _____	Date _____

<b><u>ALLERGIES</u></b>			<b><u>Type of Reaction: Please mark which apply</u></b>		
<b><u>Type of Allergy</u></b>	<b><u>No    Yes</u></b> <b><u>(please circle)</u></b>	<b><u>Describe/Specify Allergen</u></b>	<b><u>Mild</u></b>	<b><u>Moderate</u></b> <b><u>(Swelling or severe rash)</u></b>	<b><u>Severe</u></b> <b><u>(Difficulty Breathing)</u></b>
Food	No    Yes		?	?	?
Medication	No    Yes		?	?	?
Environmental (animal, plant, insect, etc...)	No    Yes		?	?	?
Other	No    Yes		?	?	?

I hereby give informed and expressed consent for my child to take part in all VBS/Day Camp activities under supervision, and agree that the VBS/Day Camp Day or Day Camp personnel will not be held responsible for accidents arising there from. I authorize the VBS/Day Camp Healthcare Provider and/or designated VBS/Day Camp staff/volunteer to provide appropriate treatment to my child for injuries and/or illness. I understand that the information on this form may be released to the appropriate medical personnel in case of medical emergency. I also understand the failure to disclose medical or emotional problems in advance may lead to serious consequences while at VBS/Day Camp. Lastly, I verify that everything contained on this form is complete and accurate, to the best of my knowledge. I also consent to the use of any photograph of my child or family in future Zion Lutheran Church publications.

Parent/Guardian Signature _____	Date _____
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# ZION Camp/VBS Conduct Covenant

As a child of God and a participant of VBS/Day Camp 2024,  
I understand and agree to the following expectations:

I understand that how I treat other people makes a difference. I am responsible for my own actions. I agree to treat fellow participants, high school leaders, assistants and adults with respect. I will choose to have self control and use my words to build other people up. I will not bring harm to myself or others. I understand that should I bring harm to myself or others, my parent/guardian will be contacted and I will be sent home.

I will be respectful of all church property and any property visited through VBS/Day Camp. I understand that if I damage other people's property, I am responsible for repairing/replacing it.

VBS/Day Camp is designed for us to have loads of fun while we get to know more about God and each other. I agree to participate fully in all activities.

I understand that I am responsible for my own actions. I will strive to keep this covenant.

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Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read this Conduct Covenant and enter into it with my child. I understand that should my youth choose to bring intentional harm to others I will be contacted and they will be sent home. In the event that I cannot be contacted the emergency contact will be phoned. I understand that VBS/Day Camp runs from 9 am -12 pm and daily registration begins at 8:30 am.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Yes, I'd be glad to volunteer during VBS/Day Camp. Please circle the days you can help.

Monday

Tuesday

Wednesday

Thursday