



Immanuel Lutheran Church
600 4th Street SW
Crosby, MN 56441
218-546-6010

NEW PROGRAM!
VACATION BIBLE SCHOOL
Open to ages K-5th Grade
Fridays in June and July
9am-12pm
June 7th, 14th, 21st, 28th

One Registration Form per Family

Name _____ Age _____ Entering Grade _____ T-shirt Size _____
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Parent/Guardian Name _____

Will parents/guardians be attending VBS with the children? Yes No

Name of person(s) picking child up _____

Address _____ City _____ State _____ Zip _____ Phone #1 _____

Phone #2 _____ Email _____ Home Church _____

Allergies/Medical Conditions (please state who and what):

Emergency Contact _____ Phone _____ Relationship _____

Do you give permission for the church to use a photo of your child in church publications (including social media)? Yes No

PERMISSION TO SEEK MEDICAL ATTENTION:

I grant Immanuel program leaders the authority to seek any Emergency Medical Attention deemed necessary. I expect that reasonable efforts will be made to contact me for consultation. However, I request and expect that leaders will seek the best medical care available, should it be required.

Signature of Parent(s)/Guardian _____ Date _____

PERMISSION TO PARTICIPATE:

As the parent/legal guardian of the above-named person(s), I grant my permission to participate in the Immanuel Youth events, activities and programs. We recognize that some activities represent risk and will not hold the church or its leaders responsible for injuries incurred while participating in these events.

Signature of Parent(s)/Guardian _____ Date _____

Cost is \$25/participant. Each participant will receive a T-Shirt, and lunch/snack provided. No one will be turned away because of an inability to pay. Please make checks payable to Immanuel Lutheran Church.