

# Balsam Lake Community Vacation Bible School

This is a FREE event, jointly sponsored by Catholic, Lutheran and Methodist churches, along with other Christian volunteers in the Balsam Lake and Centuria area.

## Faithbook 2.0: Spread the Word

(For ages 4 through children entering 6<sup>th</sup> grade)

**When:** July 31 – August 4

**Time:** 9:00am – 12:00pm

**Where:** Faith Lutheran Church

Please complete this form **FRONT** and **BACK** and mail

**Faith Lutheran Church, PO Box 245, Balsam Lake, WI 54810**

**You may also register on the first day of VBS**

My children/ward(s) listed below will be participating in a parish-sponsored event that requires parent permission. This activity will take place under the guidance and supervision of employees/volunteers from Faith Lutheran Church, Our Lady of the Lakes Catholic, United Methodist churches of Balsam Lake and other Christian volunteers from the community.

**Child's Name**

**DOB**

**Grade Going Into**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent(s):** Mother \_\_\_\_\_ Father \_\_\_\_\_

Are you willing to be a VBS Helper? If so, which days are you available? (Please check a box(s))

Monday, July 31    Tuesday, Aug. 1    Wednesday, Aug. 2    Thursday, Aug. 3    Friday, Aug. 4

**Who will pick up your children from VBS?** \_\_\_\_\_

**Church usually attended** \_\_\_\_\_ **Do not attend a church** \_\_\_\_\_

1) Call Tonya Fuglsang at Faith Lutheran Church at 715-485-3800. Please leave a message if necessary.

2) Mail to Faith Lutheran Church, PO Box 245, Balsam Lake, WI 54810

### Publicity Release

I, the undersigned parent/guardian, grant Faith Lutheran Church my permission to use photographs/video of the aforementioned child(ren) for public relations and/or informational publications for the church ONLY. This may include, but is not limited to, submissions to the church newsletter, website, Facebook page, and local newspaper.

If you DO NOT give permission, please check box

# Balsam Lake Community Vacation Bible School

## PARENT or LEGAL GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Your child/ward \_\_\_\_\_ is eligible to participate in a congregation / parish sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees and/or volunteers from Faith Lutheran, Our Lady of the Lakes and Holy Trinity United Methodist churches.

**A brief description of the activity is as follows:** Learning and growing in faith in Jesus Christ with other youth and adults.

**Description of activity:** Each day we will pray, sing, hear, read, act out, and study scripture; do crafts; enjoy snacks; learn about mission work, play; and grow as a community of faith and compassion.

**Date and Time of Activity:** July 31 – August 4, 2017 Monday-Friday \*\*\*\*\*9:00am – 12:00pm

**Parents must pick up their kids no later than 12:15pm**

**Method of Transportation:** Everyone must furnish his/her own transportation to /from event.

**Student Cost:** Students and Families are asked to support the Missions through free will offerings taken each morning during the Opening Session. A free will offering will also be taken Friday during Closing Program to defray cost of educational materials and supplies used throughout the week. There is **NO COST**.

I consent to the participation of my child/ward in the above names activity. In consideration for my child/ward's participation, I agree to reimburse and indemnify the above named parishes/Diocese of Superior (DOS) for all reasonable legal and court fees incurred by parishes/DOS in defending a lawsuit that I or my child/ward may bring against the parishes/DOS which relates to the above names activity if the parishes/DOS is found not legally liable by the courts and prevails in the lawsuit. If the parishes/DOS is found legally liable for the injuries sustained by my child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and the risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parishes/DOS to clarify any concerns or questions about the activity or this agreement that I may have had.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone numbers:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell \_\_\_\_\_

### EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone numbers:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

*Please supply the information requested below:*

Family physician  
Or clinic: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Address: \_\_\_\_\_ Dosage & Frequency: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of most recent tetanus immunization: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Known allergies: \_\_\_\_\_

Address: \_\_\_\_\_ Treatment of allergies: \_\_\_\_\_

Phone: \_\_\_\_\_ Recent surgeries or serious illness: \_\_\_\_\_

Date of most recent  
Physical examination \_\_\_\_\_ Other special  
needs to be noted: \_\_\_\_\_