

FIRST LUTHERAN CHURCH
VACATION BIBLE SCHOOL | SPLASH CANYON
350 Dolores Way (@ Willow Avenue), South San Francisco, CA 94080

Camp Session Information: **Monday, July 16 – Friday, July 20: 7:00 – 9:00pm**

Camper Information

Camper 1 Full Name (Age): _____

Camper 2 Full Name (Age): _____

Camper 3 Full Name (Age): _____

Parent/Guardian Name: _____

Address: _____

Day Time Phone: _____ Cell Phone: _____

Emergency Contact Information

Full Name: _____

Relationship to Camper(s): _____ Phone Number: _____

Full Name: _____

Relationship to Camper(s): _____ Phone Number: _____

IMPORTANT MEDICAL INFORMATION (allergies, asthma, medications, etc.) | Please include any additional information about camper that would be helpful to for VBS volunteers to know:

Permission Information:

Yes ___ No ___ Permission for Participation: I hereby consent to have my child participate in the program and events supervised by First Lutheran Church staff and VBS volunteers. I understand that this will occur at First Lutheran Church. I hereby release and forever discharge First Lutheran Church, its employees, agents and volunteers of and from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or action which might happen while participating in all programs & events, and agree to hold First Lutheran Church harmless of any and all liability that may arise out of such participation. My child has permission to attend and participate in First Lutheran Church sponsored activities. **Initials** _____

Yes ___ No ___ Permission for Emergency Medical Treatment: In the event of any emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I authorize First Lutheran Church to seek treatment for my child by a licensed physician/dentist pursuant to California Family Code Section 6910 and California Civil Code Section 25.8. I also agree to accept responsibility for the cost of above medical/dental services. I know of no reason(s) why my child may not participate in prescribed activities, except as noted on this form. If permission for emergency medical/dental treatment is not given, a signed statement providing the reason, a release of liability, and alternate instructions attached to this form. **Initials** _____