

Odebolt Community VBS Camp Registration Form

Held at Faith Lutheran Church

July 13-17, 2025

5:30 p.m. to 8:00 p.m.

Name _____ Grade completing: _____

Address: _____

City: _____ State: _____ Zip _____

Parent/Guardian Name: _____

Home phone: _____ Work phone: _____

Email: _____ Cell phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

We will call when there is a question about your child's health and/or an emergency. Provide contact information for a custodial parent/guardian who will be available via phone while your child is attending our program.

Name: _____ Phone: _____

Authorized pick up person/people: _____

(If other than parents) _____

Closing will begin at 8:00 p.m. Parents are encouraged to attend the closing upstairs in the sanctuary. Children will be dismissed to their parents/authorized adult in the sanctuary following closing.

Any Allergies & the level of Reaction:

Any Medical Needs (Asthma, Medication, Behavioral, Etc.):

I agree that the camp and its volunteer staff will not be held responsible for accidents or personal injury arising there from. I also give permission for any photography taken of my child to be used for camp promotional purposes for Odebolt Community Vacation Bible School and the hosting church, Faith Lutheran.

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian(a) in an emergency, (b) if questions about my child's health arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Parent/Guardian Signature: _____