

Vacation Bible School Registration

June 23rd-27th

5:30PM Free Family Meal

6-8PM VBS Activities

Please return this form to:

First Lutheran Church
305 W. 5th St., North Platte, NE 69101
E-mail: firstlutheran.np@gmail.com

DEADLINE: June 17, 2024

Please fill out 1 form per child.

Name _____ M / F

Birth date _____ Age _____ Grade(2024-2025) _____

Shirt Size: Youth (XS S M L XL) Adult (S M L XL)

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-Mail _____

Best form of contact: _____ Call _____ Text _____ E-mail _____ Facebook

Parent(s) Name(s) _____

Parent(s) Phone(s) _____

Home Church _____

If parent/legal guardian is not available in emergency, contact:

Name _____ Phone _____

Relation _____

Does your child have any allergies, medical or special needs? _____ Yes _____ No

If yes, please explain: _____

The undersigned give permission to his or her child to participate in the above named activity and releases First Lutheran Church, its officers, employees and agents from any liability whatsoever for any injury or death to person or loss of damage to property sustained by the undersigned for any member of his family, in attendance, and the undersigned agrees to defend and indemnify First Lutheran Church, its officers, employees, and agent from any liability of loss they might sustain by reason thereof. In the event I cannot be reached in an EMERGENCY, I hereby give permission of the physician selected by First Lutheran Church to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

Signed: _____ Date: _____

Insurance Company: _____ Policy Number: _____

By signing this registration form you agree that any photographs taken of your child at or during this event are the property of First Lutheran Church and may be used in future publications as deemed appropriate.

Pick up person: _____