

# Spirit of Hope Lutheran Church .Vacation Bible School

## Rocket Racers

**June 23, 24 & 25 from 6:00 to 7:30 pm**

**Ages 4 to 11 years**

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Parent/Caring Adult's Name : \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Church \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**Allergies/Other Medical Conditions:** \_\_\_\_\_

**In case of serious illness or injury, church personnel or an ambulance may take my child to the closest hospital where emergency care can be provided until I am contacted.**

**Parent/Guardian Signature** \_\_\_\_\_

Alternate Person to sign in and/or pick up my child:

Name \_\_\_\_\_

**With your signature above, you agree to the terms and conditions on the back page.**

I agree to the following terms/conditions:

I grant permission for the child listed above to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Spirit of Hope Lutheran Church and the Evangelical Lutheran Church from any claims or law suits brought against the church/synod by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the church and the Synod in defense of such a claim/suit.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me, I give permission for the previously provided alternate emergency contact to give consent for treatment.

By checking this box, as Parent or Guardian, I agree to all of the above stated considerations and conditions.