



# St. Olaf Vacation Bible School Registration Form July 22-25, 2024 9:00-3:00 Ruger Park

## YOUTH INFORMATION (ONE FORM FOR EACH PERSON ATTENDING)

First and Last Name

Mailing Address

City, State, Zip

Best Phone Number to Reach You

Date of Birth

\* \$25.00 per child or \$45 per family

\*Each family Please bring snacks for 20 children to share

## PARENT/GUARDIAN AND EMERGENCY CONTACT INFO

Parent/Guardian(s) First and Last Name(s)

Complete only if under 18

Mailing Address

City, State, Zip

Home Phone

Cell Phone

E-mail Address

Emergency Contact Name if Parent/Guardian unavailable

Phone of Emergency Contact

\*Please bring a bag lunch daily

\*Program and campfire Wednesday 7:00 p.m. at the St. Olaf Retreat Center 1105 Oakwood Dr. Devils Lake (near the Cove)

## HEALTH HISTORY AND MEDICAL INFORMATION

Allergies:

Food/Medications/Insects/Other

Dietary Concerns/Restrictions

Other Health Issues

### Photo Permission

Circle one of the options:

I, the undersigned parent/guardian, consent to my child(ren), registered on this form, attending St. Olaf Lutheran Church, Devils Lake for any function being photographed. I agree that St. Olaf Lutheran Church, Devils Lake shall have the right, but not obligation to use my child's photograph for their website, Facebook group, Newsletter, & for display at St. Olaf at any time and for any other purpose or materials the ministry deems necessary. The child's name will not be used with the photo.

I, the undersigned parent/guardian, do not consent for photograph(s) of my child(ren), registered on this form, to be posted on St. Olaf's website, Facebook group, newsletter, or displayed at St. Olaf.

Signature of Guest

(Or Parent/Guardian if under 18)

Date