

Eisleben Vacation Bible School 2025 Helper Registration



Sun, July 27th—Tues, July 29th

Snack: 5:30 pm –6:00 pm

VBS: 6-8:30 pm

3 years old (if parent stays)—6th Grade (just completed)

www.LutheranChurchScottCity.org

Location: Eisleben Lutheran Church

432 Lutheran Lane, Scott City

Name _____ **Birthdate** _____

Home Address : _____

E-mail Address: _____ **Phone Number:** _____

EMERGENCY INFORMATION & BEHAVIOR EXPECTATIONS

Emergency Contact Name/Phone Number: _____

Doctor's Name: _____ **Phone# :** _____

Dentist's Name: _____ **Phone# :** _____

Hospital Preference: _____

Allergies: _____

Photo Permission: Eisleben Lutheran Church **DOES/DOES NOT (Circle One)** have my permission to use my or my child's photograph publicly. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me, by reason of such use.

Permission & Consent Authorization

I, _____, being the parent and/or legal guardian of the above named children, understand and agree to the use of the behavior expectations and discipline policy listed above. I will state the expectations to my student prior to participating and support it. I give my consent for the use of basic first aid by our staff/ volunteers in case of minor injury and permission to seek additional emergency medical treatment in my absence. I understand that in such case reasonable attempts would first be made to contact me, time and conditions permitting and that I am responsible for all costs incurred for his/her injury and treatment.

SIGNATURE: _____ **DATE:** _____

Printed Name: _____

For Teen Helpers:

Names of Legal Parent/Guardian(s) _____

Relationship: _____ **Phone Number(s):** _____