



VACATION BIBLE CAMP / 2010

July 26th - July 30th

Monday thru Friday

9 a.m. to Noon

4 yrs. thru 6th Grade

Sponsored by
HOODLAND
LUTHERAN
CHURCH

ALL ARE WELCOME * no charge *

OFFICIAL REGISTRATION FORM

VACATION BIBLE CAMP 2010

NAME _____ AGE _____ GRADE ('10-'11) _____

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ADDRESS _____

DAYTIME PHONE NUMBER(S) _____

Please fill out the medical release form on the back of this sheet, and return it to:
Hoodland Lutheran Church P.O. Box 594 Brightwood, Oregon 97011. It would be nice to receive them
ahead of time, but Monday morning on the first day of camp at church would be okay too!
For more info. Call Debi Reischman at 503-622-5541 or Mary O'Dea at 503-622-4896.

MEDICAL RELEASE FORM

I understand that in the event of a medical emergency, or if any medical or surgical care becomes necessary for

_____,
every attempt will be made to contact me. If I am unavailable, I grant those in charge of this event permission to authorize medical attention as recommended by a licensed physician. We agree to pay all medical costs involved in such an emergency treatment. We release and discharge Hoodland Lutheran Church and the Evangelical Lutheran Church in America and/or its representatives involved in this event from any liability whatsoever in exercising this permission.

Young persons' Physician _____
(name and phone number)

Insurance Company _____

Is their Tetanus shot up to date? _____

Allergies? (including drug) _____

Current medications? Please supply instructions for use and other pertinent medical information that we should know about:

PARENT OR LEGAL GUARDIAN INFORMATION:

Parent or Legal Guardian _____
(please print or type full name)

Full address (if different from the address on the front of this form)

Emergency daytime contact other than parent or guardian
