

# 2020 VIBE SUMMER CAMP REGISTRATION



(One registration per person please)

- Elementary Camp, July 13-17, 2020 (3rd-5th Grade)
- Middle School Camp, July 13-17, 2020 (6th-8th Grade)
- Counselor in Training Camp, July 13-17, 2020 (9th Grade and up)

Youth Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender Pronouns(circle those that apply)    he/him    she/her    they/them

Parent/ Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Faith Community (if any) \_\_\_\_\_

School \_\_\_\_\_ Grade Completed \_\_\_\_\_

Current Medical/Behavioral Concerns: \_\_\_\_\_

As a camper, I \_\_\_\_\_ agree to represent myself in a positive and respectful manner when participating in all VIBE sponsored activities and programs. I will listen and follow the directions of all adult leaders and sponsors. If I choose not to follow the rules or guidelines, I may be sent home at my parent/guardian's expense.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

As a parent, I give permission for \_\_\_\_\_ to participate in all activities and programs sponsored by VIBE Camp Ministry and if their photo is taken or they are captured in a video at a VIBE event it can be posted on the website and used in VIBE or Bay Lake Camp publications. I understand that all measures will be taken to contact me in the event of a medical emergency involving my child. If I cannot be reached, I give the Camp Staff authority to make decisions in the best interest of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

A week of camp costs \$300, but we offer a "pay what you can" option. Please indicate, along with your payment, what you can pay and we will honor your request. Anything you can pay will help offset cost for others. Checks can be made out to: First Lutheran Church and sent with your registration to: Bay Lake Camp City Office, 463 Maria Ave., St. Paul, MN 55106

\_\_\_\_\_ Indicate the amount you can pay (checks made out to First Lutheran Church)

Questions, Contact: Pastor Chris Olson Bingea, *Pastor Chris*  
[pastor.chris@me.com](mailto:pastor.chris@me.com) or leave a message at 651-247-8926

(Feel free to photocopy this form for all of your friends! or download it at [www.baylakecamp.com](http://www.baylakecamp.com))

## VIBE Summer Camp Medical Permission Slip

I grant permission for the administration of first aid care by the person(s) in charge of the attached event to (Name of student) \_\_\_\_\_ and the transporting of my child under my guardianship to and from the event to qualified physicians for treatment of illness or accidents. I understand that every effort will be made to promptly notify me in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult leadership to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery if deemed as necessary for my son/daughter/child under my guardianship. I also understand that there is no medical coverage for illness or injuries available through the church or any sponsoring leaders of group.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print Parent/Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency number: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Insurance Company (in case of emergency) \_\_\_\_\_

Policy # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

It is important for us to know of any specific medical and physical information about your child under your guardianship to help insure their safety. Please complete the following...

Name of student: \_\_\_\_\_

A. Is allergic to the following foods:

\_\_\_\_\_  
\_\_\_\_\_

B. Is allergic to the following medications:

\_\_\_\_\_  
\_\_\_\_\_

C. Will be taking the following medications at the time of camp:

\_\_\_\_\_  
\_\_\_\_\_

D. Other relevant information:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_