

**Registration Form**  
**Grace United Methodist Overnight Vacation Bible School**  
**4th, 5th and 6th Grades**  
**Monday, July 26 and Tuesday, July 27, 2010**  
**Springbrook Conservation Center**

It is Vacation Bible School with a twist! We encourage all 4th, 5th and 6th grade children to join us on this outdoor Bible school adventure. Our adventure begins when we depart from the church at 8 a.m. on Monday, July 26 and head to Springbrook State Park. After a full day of outdoor activities, we will get a good night's rest at the Springbrook cabins. On Tuesday, we will spend about half the day at Springbrook, departing just after lunch. Our trip home will include a stop at the Prairie View Bed and Breakfast for a swimming session in their pool. Arrival time back at the church is expected to be around 5:30 p.m. Please see the **Schedule of Events** for more details. We hope you will join us and invite your friends to come along as well! Please contact **Coreen Witke** at 253-0089 or tcwitke@msn.com with any questions.

**Camper's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      **Current School Grade** \_\_\_\_\_

**Address, City, State and ZIP** \_\_\_\_\_

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

**Day Phone** \_\_\_\_\_      **Evening Phone** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**PARENTAL PERMISSION**

I/We, \_\_\_\_\_ give permission for \_\_\_\_\_ to attend Grace United Methodist's Overnight Vacation Bible School Camp at the Springbrook State Park Conservation Education Center and Prairie View Bed and Breakfast on July 26-27, 2010. I/We understand there is not a lifeguard at the lake swimming area or at the pool at the bed and breakfast, but give permission for my/our child to go swimming knowing that the adult leaders will be in the water and supervising the children.

I/We will be able to pick up our child from Springbrook in the event of illness or severe behavioral issues.

**Parent/guardian signature** \_\_\_\_\_      **Date** \_\_\_\_\_

**Please return this form with the \$35 camper fee by June 25, 2010**

Grace United Methodist Church—Attention—Overnight VBS  
3700 Cottage Grove, Des Moines, IA 50311

**Scholarships are available**—For more information, please contact  
Minister of Christian Education Kathye Harrington-Taber at 255-2131.

**Please fill out information on the other side.**

**Please list any food allergies/sensitivities your child has.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any medical conditions your child has and how the condition should be treated.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any medications your child takes on a daily or as needed basis. If medication will need to be given during Overnight VBS, please include detailed instructions on how medication should be given, if refrigeration is required, etc.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **EMERGENCY MEDICAL AUTHORIZATION CONSENT BY PARENT/GUARDIAN**

In the event that reasonable attempts to contact me at the above address/phone numbers fail, as the parent/legal guardian of the above named minor, I hereby give my prior consent for the administration of any emergency medical treatment deemed necessary by the sponsors/chaperones in charge in consultation with a licensed physician or dentist. I agree to pay all costs and fees contingent on any emergency medical care or treatment for my child as secured or authorized under this consent.

\_\_\_\_\_  
**Parent/Guardian Name - Printed**                      **Parent/Guardian Signature**                      **Date**

**Insurance Company** \_\_\_\_\_ **Policy or Group Number** \_\_\_\_\_

**If insurance is through employer, name of employer** \_\_\_\_\_

**Name of the person carrying this insurance** \_\_\_\_\_

**Subscriber/ID Number** \_\_\_\_\_

**Emergency Contact Phone Number** \_\_\_\_\_

**Secondary Emergency Phone Number** \_\_\_\_\_