



# 2025 River of LIFE VBS Registration Form

**Sunday, July 27 - Thursday, July 31**

Free Meal: 5:00pm | Check-in: 5:30pm-5:45pm | VBS Program: 5:45pm-7:55pm

• **FREE TO ATTEND** •

**(REMEMBER TO SIGN & DATE THE BACK OF THIS FORM!)**

**CHILD 1** First/Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade ENTERING: \_\_\_\_\_ Planning to attend FREE meal: YES NO MAYBE

Allergies/Medical Conditions/Special Needs: \_\_\_\_\_

Comments: \_\_\_\_\_

**CHILD 2** First/Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade ENTERING: \_\_\_\_\_ Planning to attend FREE meal: YES NO MAYBE

Allergies/Medical Conditions/Special Needs: \_\_\_\_\_

Comments: \_\_\_\_\_

**CHILD 3** First/Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade ENTERING: \_\_\_\_\_ Planning to attend FREE meal: YES NO MAYBE

Allergies/Medical Conditions/Special Needs: \_\_\_\_\_

Comments: \_\_\_\_\_

**CHILD 4** First/Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade ENTERING: \_\_\_\_\_ Planning to attend FREE meal: YES NO MAYBE

Allergies/Medical Conditions/Special Needs: \_\_\_\_\_

Comments: \_\_\_\_\_

.....

**PARENT/CAREGIVER 1** First/Last Name: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (Street/City/State/Zip): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Home Church: \_\_\_\_\_

**PARENT/CAREGIVER 2** First/Last Name: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (Street/City/State/Zip): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Home Church: \_\_\_\_\_

**EMERGENCY CONTACT:** we will contact the following after attempts to contact parent(s)/caregiver(s) have been unsuccessful ✍ **SIGN & DATE THE BACK!**

First/Last Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Address (Street/City/State/Zip): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PARTICIPATION INTEREST:**

Indicate any areas you or your child(ren) are interested in participating in or would like more information about.

- ☐ Sunday School
- ☐ Confirmation
- ☐ Jr High Youth Group (Grades 5-8)
- ☐ Sr High Youth Group (Grades 9-12)
- ☐ Adult Bible Study
- ☐ Church Membership
- ☐ Other: \_\_\_\_\_

**PARTICIPATION RELEASES:**

**Parents/Guardians/Caregivers:** Please read the releases below. Check the boxes next to the releases you agree to. Sign and date at the bottom. This release is valid until redacted in writing by parents.

- ☐ **LIABILITY RELEASE\*:** To the fullest extent permitted by law, I release River of LIFE Lutheran Church, its trustees, officers, directors, employees, agents, and representatives from any injury, harm, damage or death that may occur to my minor child while participating in the activity and agree to save and hold harmless River of LIFE Lutheran Church, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.
- ☐ **MEDICAL TREATMENT PERMISSION\*:** In the event of a medical emergency and when contact cannot be made in a timely manner to me and/or the emergency contact listed, I give my permission for my child to receive appropriate medical attention. In the event of an unforeseen emergency or any accidents, I release River of LIFE Lutheran Church, its employees and volunteers, and all those related to it, from any liability. I have provided an emergency contact number and am assured that I will be contacted as soon as possible in the event that there is an emergency.
- ☐ **PHOTOGRAPH RELEASE:** I grant permission for River of LIFE Lutheran Church to use photos and videos featuring my child on its website, Facebook page, slide shows, or other church publications. I understand that these materials may be used for promotional or informational purposes related to the church's activities and events.

\*You must agree to the Liability Release and the Medical Treatment Permission before your child(ren) will be allowed to participate in the activity.

**I agree with the above checked releases.**

Parent/Guardian/Caregiver Signature: \_\_\_\_\_

Parent/Guardian/Caregiver Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form in one of these ways:**

**MAIL TO:** River of LIFE Lutheran Church, 830 Sunrise Drive, St. Peter, MN 56082  
**EMAIL:** office@riveroflifelutheran.com  
**IN PERSON:** Sunday morning offering plate or registration box by VBS display