



Bethlehem Lutheran Church
417 West First Avenue; P.O. Box 638
Grand Marias, Minnesota 55604

Belonging to Christ, Sharing Christ on the North Shore and Beyond

Student's full name _____

Date of birth _____

Gender (circle one): Female Male Nonbinary

School _____ **Grade (2024-25)** _____

Church (if different from Bethlehem Lutheran) _____

Parent(s)/Guardian(s) _____

Parent/guardian cell phone _____

Parent email _____

Emergency Contact (if parents cannot be reached) _____

Relation to child _____

Phone _____

I grant permission for my child to participate in Vacation Bible School with church staff, fellow Bethlehem Lutheran kids, and BLC volunteers. I understand that there is a risk of injury; if I cannot be reached in an emergency, I give permission to the supervising staff and volunteers of Bethlehem Lutheran to sign forms that would ensure the necessary and immediate treatment of my child. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that neither Bethlehem Lutheran nor those acting on behalf of Bethlehem Lutheran will be held liable in case of accident or injury as long as they are not negligent.

Parent/Guardian Signature

Date

I grant the church permission to use photographs of my student from the event in materials, the website, and the social media pages.

Parent/Guardian Signature _____