

# Who is My Neighbor?

## 2019 Vacation Bible School

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**FOR:** Younger (K-2nd grade) and Older (3rd grade and above)

**DATES:** August 13 - 15 (Tuesday - Thursday)

**TIME:** 5:00 P.M. - 5:30 P.M. (Meal) VBS: 5:30 P.M. to 7:30 P.M.

**WHERE:** Immanuel Lutheran Church, 630 Adams Street, Wausau, WI

The sponsoring churches are: First United Methodist Church, First Presbyterian Church, and the hosting Church: Immanuel Lutheran Church of Wausau.

~ Registration to be returned by August 1, 2019 ~

Registration forms may be given to Jackie Loos in the church office.  
Please fill out a registration form for EACH child attending VBS.

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### VBS REGISTRATION FORM – 2019

YOUNGER (K-2ND GRADE) AND OLDER (3RD GRADE AND ABOVE)~ Please return to Jackie in the church office or email to [info@immanuelwausau.org](mailto:info@immanuelwausau.org) by August 1, 2019 ~

Name: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Girl \_\_\_ Boy \_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact Person's Name: \_\_\_\_\_

Emergency Phone Number: (\_\_\_\_) \_\_\_\_\_

List any allergies: \_\_\_\_\_

Would be interested in helping: \_\_\_ Teacher \_\_\_ Helper \_\_\_ Music \_\_\_ Snacks

*VBS Liability Waiver Form*

**Immanuel Lutheran Church of Wausau**

**VBS Liability Waiver 2019**

As the parent or legal guardian of \_\_\_\_\_ (print name of child), I hereby give permission for my child to participate in the Immanuel Lutheran Church of Wausau VBS Program. I understand that Immanuel Lutheran Church of Wausau is a nonprofit charitable institution, which is voluntarily presenting this program for my child, other participants, and the community. I also understand that the program has activities that can involve physical contact with other participants, the ground or equipment, and that there is a resulting risk of physical injury to my child.

I have explained these risks and benefits of participating in this program to my child and my child is in proper physical condition and has no existing injuries or conditions that could jeopardize his/her safety or health, or the safety or health of the other participants.

I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child's participation in the Immanuel Lutheran Church of Wausau VBS Program, whether or not resulting from negligence, and I agree not to sue Immanuel Lutheran Church of Wausau, its representatives, staff, or volunteers on any such claim. I also give permission for the staff, representative, or volunteers of Immanuel Lutheran Church of Wausau to administer first aid or to seek medical care for my child during my child's participation in the program, including transportation of my child to a medical facility for additional treatment that appears necessary.

Print name of Parent/Guardian: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_