



**2025 VBS REGISTRATION FORM**  
**Atonement Lutheran Church**  
**June 16, 17, 18, 19, 2025**  
**9 am – 2 pm**

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Alternate phone: (    ) \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Who will be picking up your camper each day?

Day 1: \_\_\_\_\_ Day 2: \_\_\_\_\_ Day 3: \_\_\_\_\_

**HEALTH INFORMATION**

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

What health conditions should the VBS staff be aware of for this child:

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

Allergies: \_\_\_\_\_

Medication: If your child will receive any medication while at camp, please attach a list along with dosage and time instructions. Please leave the medication in the original containers. Your child will be asked to turn in all medication to the camp staff at the beginning of the day. The VBS staff will administer per your instructions.

Do you grant permission to give ibuprofen or acetaminophen to the camper if needed?

Yes

No

Preference: \_\_\_\_\_

Dietary restrictions or concerns: \_\_\_\_\_

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

Please describe any other conditions which may affect your child's participation at VBS:

\_\_\_\_\_  
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Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Permission/Medical & Legal Release:** My child has permission to participate in all aspects of the program offered by Red Willow Ministries except as noted below. I understand every effort will be made to contact me if my child needs emergency medical-surgical treatment. I hereby give my permission to the medical personnel selected by the staff to secure proper treatment, to hospitalize, to order injections, anesthesia, x-ray, or surgery for my child named above, and to arrange for and to provide necessary transportation. I understand that my insurance has primary coverage. I give my approval to photocopy this form for use by VBS staff.

Exemption from participation: \_\_\_\_\_

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

### MEDIA RELEASE

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

**THANK YOU FOR CHOOSING TO SEND YOUR CHILD TO VBS AT  
ATONEMENT LUTHERAN CHURCH WITH RED WILLOW  
MINISTRIES CAMP STAFF!**

Please drop off or mail this form to:  
Atonement Lutheran Church, 1009 12<sup>th</sup> Ave NE, Jamestown, ND 58401.

If questions, please call the church office (701) 252-4208 or LeAnn Fuchs (701) 320-5965.



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Allergies: \_\_\_\_\_

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Do you grant permission to give ibuprofen or acetaminophen to the camper if needed?

Yes

No

Preference: \_\_\_\_\_

Dietary restrictions or concerns: \_\_\_\_\_

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Please describe any other conditions which may affect your child's participation at VBS:

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Yes

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Preference: \_\_\_\_\_

Dietary restrictions or concerns: \_\_\_\_\_

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Please describe any other conditions which may affect your child's participation at VBS:

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