



Adventure Bible Camp August 6--10 9:00-noon

Join us for super games, super challenges, super activities, and super stories from the Bible that will help us learn more about the super friend we have in God and Jesus and the importance of becoming SUPER FRIENDS to each other!

If you will be entering K5 through 4th grade, bring a friend and join us as we enjoy a different adventure each day as we learn what it means and what it takes to be a SUPER FRIEND!

Early Fee:

\$45/child before June 1

Regular Fee: \$50/child after June 1

*Scholarships are available.

Please note that our enrollment is limited and likely to be reached quickly. Registration forms are available at church or at www.foxpointchurch.org.

Questions? Contact Julie Schlifske at julie@foxpointchurch.org



Sign me up for 2018 Adventure Bible Camp VBS!

Child's name _____

Grade as of September 2018 _____

Parent or guardian name _____

Address _____

T-Shirt size (children's) ___small ___medium ___large ___x-large

Telephone: Home: _____ Cell: _____

****We always need and are very grateful for volunteers to help us—either for a few hours or every morning. If you would like to help in any way, please check here, and we will contact you.**

_____ **Yes, I can volunteer as a daily leader/guide. THANK YOU!**

_____ **Yes, I can serve as a sub for a day or two. THANK YOU!**

Please enclose your registration fee payable to Fox Point Church and return to Fox Point Church, 7510 N. Santa Monica Blvd, Fox Point, WI, 53217.

Fee:

\$45/child before June 1

\$50/child after June 1

PLEASE MAKE SURE TO COMPLETE THE MEDICAL/TRANSPORTATION FORM ON THE REVERSE SIDE.

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**Fox Point Lutheran Church
Adventure Camp VBS
Medical/Transportation Release**

Medical Release

In the event that I cannot be reached in an emergency, I give the program's coordinator permission to secure and administer treatment, including hospitalization, for my child, listed below: .

Child's name: _____

Family physician: _____ Phone: _____

In an emergency, if parents/guardians are unavailable, please contact

_____ Telephone: _____

Signature of parent/guardian: _____ Date _____

Child's medication or environmental allergies:

Dietary restrictions:

Physical activity restrictions:

Transportation/Activity Release

During our week of camp, we will take a field trip to an outside location to be announced later. By signing below, you are giving your permission to transport your child by school bus to this destination.

In consideration of the opportunity for my child to participate and fully recognizing that such as undertaking involves an element of risk, we, the parent/guardian, assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless The Evangelical Lutheran Church of America (ELCA) and/or Fox Point Lutheran Church, nor any of said persons shall be held financially responsible for any injury, illness or death as a direct or indirect result of this activity.

Signature of parent/guardian: _____ Date _____