

AREA VBS June 9 – 13, 2025
9:00 AM – NOON BOLAN, IOWA

(ONE FORM PER CHILD)

Participant's Name: _____

Address: _____

City, State, Zip: _____

Age: _____ Birthdate: _____

Grade Completed: _____

Home Phone: _____

Cell Phone: _____

Transportation Needed: Yes or No

Home Church: _____

To whom it may concern:

The undersigned do hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by the area churches on June 9-13, 2025.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the area churches.

Emergency Contacts & Phone Numbers: _____

List all allergies or special medical problems your child may have: _____

Special friend your child might like to be with: _____

Shirt size (circle one) Youth: XS S M L XL

Parent / Guardian Signature: _____

Return form to a United Methodist Church in Bolan, Manly, Northwood, Plymouth, Rock Falls, Rudd, Nora Springs; or a Lutheran Church in Manly or Hanlontown

REGISTRATION FEE HAS BEEN PAID!
PLEASE PRE-REGISTER
FOR CREW ASSIGNMENTS
& MATERIALS

Or mail to:
Lori Willert
4211 Tulip Lane, Kensett, IA 50448
Questions? Call 641-903-9472 or lwillert@wctatel.net

