



# Love to Serve



Vacation Bible School @ Holy Trinity  
August 17 – 21; 9 am - 3 pm daily  
Preschool 9am - 12:30 pm daily

Friday, Carnival from 10:30 – 12 n; Parent presentation at 12:30!  
We're done at 1 PM.

## COUNSELOR REGISTRATION

\_\_\_\_ Yes! I want to participate as a counselor for Vacation Bible School 2009.

Name \_\_\_\_\_

Grade in School (fall 2009) \_\_\_\_\_

Email address (counselor) \_\_\_\_\_

T-shirt size: (child) \_\_\_ LG (adult) \_\_\_ Sm \_\_\_ Med \_\_\_ Large \_\_\_ XL

### COVENANT OF CONDUCT

I understand that during this event, under the guidance of Holy Trinity and as a representative of Christ and the Christian community, I am responsible for my own actions.

1. I intend to participate in all planned activities and realize that as a counselor I have a responsibility to set a good example for others.
2. I will respect other participants, adult chaperones and leadership teams in this event and treat them as fellow members of the Body of Christ.
3. I will respect and appreciate the different gifts, cultures and perspectives encountered in this experience.
4. I will respect the property of others.
5. I will not abuse my body with tobacco, drugs or alcohol at any time or have possession of these substances.
6. Additionally, I agree to abide by all other guidelines and expectations specific to this event, its program, staff and location.

Should I break this covenant, I agree to accept the consequences determined by the leadership team. If it is determined that my behavior warrants my leaving this event, travel to my home will be at my own expense or that of parents or guardians.

*I am asking for a \$20 registration fee this year to offset counselor program costs.*

\_\_\_\_ I'm marching in the Summer Celebration parade and will pick up my shirt that day (July 11)

\_\_\_\_ I will host a pair of Lutherwood Counselors in my home for the week.

Student signature \_\_\_\_\_

Parent signature \_\_\_\_\_

Parent(s) Name & Phone \_\_\_\_\_

Parent email: \_\_\_\_\_

Return form to HTLC, 8501 SE 40<sup>th</sup> Street, Mercer Island, WA 98040

### Medical Release

**(your child cannot participate without this on file for the week)**

I understand that in the case of emergency, or if any medical or surgical care becomes necessary for \_\_\_\_\_, every attempt will be made to contact me. If I am unavailable, I grant those in charge of HTLC supervised events to authorize medical attention as recommended by a licensed physician. We agree to pay all medical costs involved in such emergency treatment. We release and discharge the Evangelical Lutheran Church in America and/or its representatives involved in this event from any liability whatsoever in exercising this permission.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

Emergency Contact (other than parent or guardian)

\_\_\_\_\_  
Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Physicians name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_

*(a copy of the insurance card stapled to this form is most helpful)*

### Medical Information

Date of last tetanus shot: \_\_\_\_\_

Allergies (food, drug, environmental):

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

Current medications (with clear instructions for use and other pertinent medical information):

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

Please inform us of any special medical conditions/needs:

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