



RAINFOREST FALLS
EXPLORING THE NATURE OF GOD
VACATION BIBLE SCHOOL
IMMACULATE CONCEPTION CHURCH
Monday, June 8 -- Friday, June 12, 2026
Explorer Crew Member
 (Youth starting grades K-6 Fall 2026)

Family Name: _____

Parents/Guardians' Names: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Phone #: _____ Alternate Phone #: _____

Secondary Contact Phone #: _____ Alternate Phone #: _____

E-Mail: _____

Voyager Crew Member Registration Information				
Child's First Name	Child's Last Name	Grade (2026/2027)	Female/Male	T-Shirt Size (Child sizes)
			F M	XS S M L XL
Medical Alerts or Restrictions: _____				
			F M	XS S M L XL
Medical Alerts or Restrictions: _____				
			F M	XS S M L XL
Medical Alerts or Restrictions: _____				
			F M	XS S M L XL
Medical Alerts or Restrictions: _____				

Music Included with First Child's Registration! _____ Music CD or _____ Digital Music Video Download

The fee of \$25/child with a maximum of \$50/family includes t-shirt, music, snacks, science and craft supplies, and more! (Be sure to **register by May 25th** to ensure supplies for your child!). Please enclose payment with your registration form. Make checks payable to:
Immaculate Conception Church. Thank You!

Registration Fee: _____ # of children x \$25/Child = _____ (Family Maximum \$50)

Return to: Attn: Lynette, *Immaculate Conception Church*, 555 8th Street SW, Pine City, MN 55063

PARENT/LEGAL GUARDIAN PERMISSION FORM

AND INDEMNITY AGREEMENT

Our CHILD or CHILDREN, (full names) _____

is/are eligible to participate in this program with the Immaculate Conception Church that requires permission.

These activities will take place under the guidance and supervision of staff and volunteers from Immaculate Conception Church.

RAINFOREST FALLS Vacation Bible School, parish based, youth bible school program.

At Immaculate Conception Church

Week of June 8—12, 2026

I consent to the participation of my child/ward in RAINFOREST FALLS Vacation Bible School. In consideration for my child/ward's participation, I agree to reimburse and indemnify Immaculate Conception Church (understood to include Diocese of Duluth) for all reasonable legal and court fees incurred by the church which relates to the above-named activity if the church is found not legally liable by the courts and prevails in the lawsuit. If Immaculate Conception Church is found liable for injuries sustained by my child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and the risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of Immaculate Conception Church to clarify any concerns or questions about the activity or this agreement that I may have had. I also remain legally responsible for any personal actions taken by my child and will be liable for any damage caused by them.

Parent/Legal Guardian's Signature

Date

Address

Home Phone

Work/Cell Phone

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child/ward to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

MEDICAL INSURANCE COMPANY

PHONE NUMBER

In the event of any emergency, if you are **unable to reach a legal guardian**, please contact:

Name Relationship Phone Number