



**RAINFOREST FALLS**  
**EXPLORING THE NATURE OF GOD**  
**VACATION BIBLE SCHOOL**  
**IMMACULATE CONCEPTION CHURCH**  
**Monday, June 8 -- Friday, June 12, 2026**  
**Explorer Support Team**  
 (Youth starting grades 10<sup>th</sup>—12<sup>th</sup> Fall 2026)

Applicant's Name: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Secondary Contact Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_

Your First Name	Your Last Name	Grade (2026/2027)	Gender	T-Shirt Size (Adult Sizes)
			F M	S M L XL

Medical Alerts or Dietary Restrictions: \_\_\_\_\_

Have you attended Vacation Bible School at Immaculate Conception Church in the past? \_\_\_\_\_

What was the best part of VBS for you? \_\_\_\_\_

Why do you want to serve on the Explorer Support Team for VBS? \_\_\_\_\_

At VBS, Explorer Support Team Members are expected to:

- Lead the way for Explorer Crew Leaders and Members.
- Treat all people at VBS with respect at all times.
- Never use (and do not allow other to use) physical violence, hurtful words, or any other unkind behaviors at any time.
- Follow the directions of adult leaders of VBS, and seek clarification if directions are unclear or confusing.
- Take responsibility for their assigned tasks and work with other Support Team Members and Adult Leaders to ensure all Crew Members and Leaders are safe, learning, and having fun.

If you are willing to meet these expectations, to the best of your ability, please sign below.

**Return by May 25<sup>th</sup> to: Lynette, Immaculate Conception Church, 555 8<sup>th</sup> 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
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In the event of any emergency, if you are **unable to reach a legal guardian**, please contact:

Name	Relationship	Phone Number
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