



VBS

CHILD REGISTRATION

(one per child-see reverse)

Volunteers needed age 6th grade-adult (see volunteer form)

Grace Lutheran Church

5N600 Hanson Rd., St. Charles 630-365-6751

JULY 27-31, 2009 (9:00-12:00)

VBS Co-Chairs: Renee Gust & Dorene Stanley

Child Name: _____ Age: __* (2 yrs.-entering 5th grade)

Date of birth: _____ Grade 08-09: __ Mother & Father: _____

Street: _____

City: _____ Zip: _____

Home (mom) phone: _____ Cell phone: _____

Home (dad) phone: _____ Cell phone: _____

E-mail address: _____

In case of emergency contact and/or alternate pick-up:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name of special friend(s) your child might like to be with:

* only 10 spots available for twos

Grace members only registration before 6/15

Suggested donation

Includes t-shirt/1-music CD *per family*/daily snack/Bible Buddies/crafts):

\$20 (first child) \$10 (each add'l child within the same family)

Cash or checks payable to Grace Lutheran Church

→ SIZE: *Child* S – M – L *Adult* S – M – L

AFTER 7/12 NO T-SHIRT ORDERS--\$5 LESS FOR DONATION

_____ will attend the VBS Finale July 31st
6:00-6:40 pm followed by dinner

(office use): *Date Received:* _____ *Check #* _____ \$ _____

CHILD REGISTRATION (page 2)

Allergies or other medical conditions: (*Snacks provided-PLEASE check our kitchen for snack approval if your child has allergies. You are welcome to provide an appropriate snack for safety*).

Special medications: _____

Will your child have an Epi Pen for an allergy? _____

If yes, a representative will administer the Epi Pen if the child cannot, while contacting 911/EMS and then immediately contacting the parent or emergency contact.

Is your child potty-trained? Yes No

We will only change a diaper if your child has a poopy diaper. Please provide appropriate diapers and wipes each day.

Home church name: _____

How did you hear about our VBS (circle)? *Friend / Sign / Money Mailer*

Or please list: _____



Those staff and volunteer representatives of Grace Lutheran Church will take every possible safety precaution and every possible attempt will be made to contact parents or emergency contacts immediately in the event of injury or emergency.

AGREEMENT/WAIVER AND RELEASE (must be signed in order to participate in VBS programs): In consideration for being permitted by Grace Lutheran Church and its representatives to participate in the Vacation Bible School (VBS) program, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue to my child enrolled (as listed on page one of this registration form), as a result of participation in said activities. It is understood that these activities involve an element of risk of accidents, and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Parental/Guardian Consent: (To be completed and signed by parent/guardian)

I hereby consent that my child enrolled at Grace Lutheran Church for VBS hereby execute the above AGREEMENT/WAIVER AND RELEASE on their behalf. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which may incur as a result of the death or any injury or property damage that said minor may sustain while participating in VBS activities.

Signature Parent/Guardian: _____

Printed: _____ Date: _____

This waiver is to be signed by all participating adults 18 years old and over, and by a parent/guardian for participants under age 18.