

2017 VBS Registration Form

Please complete one form per child.



3 Churches / 2 Traditions / 1 Body of Christ
Jul 31-Aug 4 / 9am-noon: ages 3-5 / 9am-3pm: entering 1st-6th

Contact Information

Child's Name: _____ Gender: Male Female

Grade entering: _____ Birthday: _____

Home Church: _____

Parent/Guardian Name(s): _____

Address, City, State & Zip: _____

Parent Email: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Emergency Contact Name & Relationship: _____

Emergency Contact Phone Number(s): _____

Child may be released to these additional people: _____

Please note: All participants must be fully potty-trained.

Medical Information

Please list any allergies or intolerances to:

medications describe _____

food describe _____

other describe _____

_____ (initial) I affirm that this child is up-to-date on all immunizations recommended by the AAPA.

Please read our policy regarding medication on the second page before proceeding.

The child requires the following medications be taken during VBS:

Medication Name	Dosage	Frequency	Purpose

List any over-the-counter children's meds that the child may NOT take:

Restrictions

1. Does the child have any activity restrictions? (If yes, please explain)
2. Has the child had any recent illness, injury, or infectious disease? (If yes, please explain)
3. Does the child have any behavioral, emotional, or mental health needs about which the camp should be aware?

Policies

Participation: All participants must be at least 3-years-old and fully potty-trained to attend Vacation Bible School (VBS). Students entering 7th grade in the fall (and older) may apply for a volunteer position. Completion of this form after space is full may result in your child being wait-listed; notice of such will be given as soon as possible.

Personal Devices and Other Valuables: Use of electronic devices such as iPods, hand-held games, and cellphones are prohibited during program hours; their use may result in confiscation until the end of the day. It is encouraged that these and other valuables stay at home as VBS staff and volunteers, and Living Water Ministries (LWM) staff cannot be responsible for lost, stolen, or damaged items.

Medication: Please send only those medications that absolutely must be taken during VBS (i.e. if it can be taken before or after, please make all efforts to do so). Prescription medication must be in its original container AND clearly labeled with the child's name, dosage, and storage information. If medication must be taken during program hours, please speak with a VBS staff person prior to the participant's first day. The program stocks over-the-counter medications for pain, upset stomach, diarrhea, allergies, etc. to be administered at the discretion of the Health Officer. Please do not send over-the-counter medications unless the participant is taking them regularly.

Behavior: VBS and LWM expect Christ-modeled behavior (respect of oneself and others) from anyone visiting or attending the premises. These expectations are reviewed with participants each day. Failure to follow these expectations may result in removal from activities, calls made to parents, or early dismissal for the day or from the remainder of VBS. Parents or guardians must arrange for all transportation at their own expense.

Release and Waiver

Photo/Press Release: I grant and give consent to the participation in interviews, the taking of photographs, and the use of the first and last name of the above-named child. I also grant newspapers, publications, VBS staff and volunteers, and LWM staff the right to edit, use, and reuse said products for legal non-profit use in print, on the internet, and in other forms of media. I also release any newspapers, publications, VBS staff and volunteers, and LWM staff from all claims, demands, and liabilities whatsoever in connection with the above.

Health Release: This health history is correct and complete as far as I know. The above-named child has permission to engage in all program activities except as noted on this form. I give permission to Vacation Bible School (VBS) staff and volunteers, and Living Water Ministry (LWM) staff to provide routine health care, administer prescription medications, and seek emergency medical treatment. I agree to the release of any records necessary for insurance purposes. I give permission to VBS staff and volunteers, and LWM staff to arrange necessary medical-related transportation for me or my child if needed.

If I cannot be reached in an emergency, I hereby give permission to the physician selected by VBS staff and volunteers, and LWM staff to secure and administer treatment, including hospitalization. I acknowledge that I will be ultimately responsible for the cost of any medical care should the cost not be reimbursed by my health insurance provider. I understand that this completed form may be photocopied for medical purposes.

I hereby give permission for VBS staff and volunteers, and LWM staff to administer over-the-counter medications as deemed necessary except as noted on this form. I understand and agree to abide by all policies and restrictions placed on me or my child's participation in camp activities.

Waiver for Child by Parent/Guardian: As the parent or legal guardian of the above-named child, I release Vacation Bible School (VBS) staff and volunteers, and Living Water Ministry (LWM) staff from and against all losses, claims, actions, costs, expenses and/or damages including attorney fees, arising out of my child's participation in this program and all its activities.

Parent/Guardian Signature: _____ **Date:** _____

Please include \$40.00 per child to complete registration. Make checks payable to First English.

To be completed by VBS staff:

Payment Date _____ Initial _____ This child is one of _____ participants in their household.