

Please return completed form to Parish Administrator, Sonya Sowards, by any of the below methods:

- Hand deliver to Sonya's mailbox in Kley Hall or the mail slot next to outside glass double doors
- Mail to 355 St. John's Circle, Phoenixville, PA 19460
- Email to office@stjohnphoenixville.org
- Fax to (610) 933-0985

St. John's Lutheran Church Vacation Bible School

June 18-22, 2018, 9:00 a.m.— noon
(open to kids ages 3-11)

Registration Form

(Please complete a form for each child attending and be sure to also complete a medical form!)

Name: _____ Gender _____ Parents/Guardians _____

Address _____

Best email: _____ Birth date _____

Grade this fall _____ (if 6th grade or above, please see the helper form at the bottom of this page)

Best Phone #: _____ Second Phone # _____

In case of emergency contact (include name and number of contact): _____

Church background: _____

Does the child attend Sunday school or CCD? _____ If so where? _____

Any allergies or medical concerns: _____

All children are placed in multi-aged crews of approximately 5-6 members. Your child may request to be placed in a crew with one friend or sibling. We will make all attempts to honor such requests.

My child would like to be placed in a crew with: _____

Snacks such as juice and pretzels are offered every day. An opportunity to contribute cash donations toward our snack purchases will be available the first day of VBS. There are 20 spaces available for 3 & 4 year olds. All children must be potty trained in order to attend.

VBS Afternoon Adventures Registration Form

This day camp is designed to reach out to those youngsters who, because of their child care needs, have been unable to participate in VBS. This program will run each day of VBS (June 20th – June 24th), from noon to 5:30pm. We'll play, swim, learn a little, make crafts, and generally have a great time. If you are interested in this program for your child, please complete the form below. There is a \$100.00 registration fee for this program, and your child must also be enrolled in our VBS program. **Your child should bring a packed lunch every day.** Also, if your child is not a member of the Phoenixville YMCA, there will be an additional fee of \$25.00 which will pay for a week swim pass at the YMCA.

Person responsible for picking up this child at the end of each day:

Name: _____ Best phone # _____

_____ My child has permission to go to the YMCA Swimming Pool with the Afternoon Adventures staff.

_____ I am a member of the Y and will send my child's membership card with him/her each day.

_____ I am not a member of the Y and enclose \$25 fee for a week swim pass.

Signature of parent/guardian: _____

Registration Checklist - Please return the following to Sonya Sowards (see the above box):

1. Completed VBS Registration Form
2. Completed Afternoon Adventures Form
3. Completed Medical Form
4. \$100 Registration Fee. Make checks payable to St. John's with "Afternoon Adventures" in the subject line.

VBS Youth Helpers

I would like to help out in: (name your choice—see below) _____

Newsletter staff: (For 6th Graders and older) Help to write, layout, input, print, and distribute a daily newsletter to be shared with VBS participants and their families.

Snack crew: (7th Grade and older) Set out daily snack for VBS participants and clean up snack area and kitchen when snack time is done.

Craft Crew: (7th Grade and older) Help set up the daily craft, assist VBS participants in completing their craft and clean up craft area each day.

Games Crew: (6th Grade and older) Help set up the daily games area, assist the VBS participants as they perform the various challenges and clean up the area when the games are completed for the day.

Crew Guide: (7th Grade or older) Lead five or so children to and from activity sites assisting them as needed at the various activities.

Snack Leader: (older teen or adult) organizes snack donations and oversees a crew of youth volunteers as they set-up, distribute and clean-up the daily snack.

Games Leader: (athletic teen or adult) plans daily games and supervises the crews and games staff as they participate at the games station.

MEDICAL RELEASE AND GENERAL PERMISSION FORM

Please complete fully. Write "none" if a particular section does not apply to the participant. You must also include a copy of the participant's insurance card (front and back) with this form.

Name of Participant (please print) _____

Address _____

Participant's Home Phone Number _____ Participant's Cell Phone Number _____

Parent's cell phone# _____

Date of Birth _____ Grade _____ Age at event _____ Gender _____

Participant's Physician's Name _____

Hospital/Clinic and Address _____

1. Participant is allergic to (including food): _____

2. Please list any restrictions on diet or exercise: _____

3. Does the participant have any special needs or medical history? If so, please list:

4. Are there any over the counter medications the participant can not receive?

5. Is the participant on regular medication? If so, please list the drugs, dosages, frequency and any instructions:

Please note that no drugs are to be brought to youth events other than those listed above

RELEASE OF ALL CLAIMS

In consideration of being accepted for participation in youth ministry events,

I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless St. John's Lutheran Church and the Southeastern Pennsylvania Synod, ELCA, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the synod sponsored youth events, including travel, recreation and all associated activities.

Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

I (we) give permission for the participant to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

I (we) also release the participant's name as part of an information database for the church, synod and ELCA related entities. I (we) also grant St. John's, the synod and ELCA unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

Parent's/Guardian's signature (if participant is registering as a youth): _____ Date: _____

Participant's signature (if registering as adult participant): _____ Date: _____

Emergency contact: _____ Daytime Phone: _____ Evening Phone: _____