

# Escape from Egypt: The Stories of Moses

## **Vacation Bible School at St. John United Church of Christ**

N104 W14181 Donges Bay Rd, Germantown, WI 53022

Church Office: (262) 251-0640

office@stjohnuccgermantown.org

### **VBS Registration, Activity Consent, and Release Form**

**All children aged 3-12 years invited to attend.**

**July 17-20 9am-3pm**

(before/after care may be available-contact church for more information)

EARLY BIRD RATE: \$10-until June 27<sup>th</sup>      REGULAR RATE: \$15- after June 27

Final deadline to register is July 5th.

Cost includes: lunch & snack each day; t-shirt; crafts/activities

#### CODE OF CONDUCT:

Children participating in VBS are expected to respect their teachers and staffs, and follow their instructions. Children are also expected to be courteous to one another. Violators of the code of conduct may be removed from their groups and/or activities. Parents may be called to pick up their child for persistent violations.

#### Student:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

Parent/Guardian Name (1) : \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name (2) : \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact person: (Person who may be contacted if parent cannot be reached in case of emergency)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Group # \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PHOTOGRAPHY: I understand that pictures and videos may be taken of children participating in various Vacation Bible School activities for non-commercial use.

Liability waver:

The undersigned, in consideration of participation in VBS agrees to indemnify and hold St. John UCC (including its staff and volunteers) harmless and release St. John UCC from any and all responsibility and liability for any injury which may be suffered by the named individual(s) registered in the VBS, arising out of or in any way connected with participation in this program. I have read the above application and agreement, and fully understand that I assume all risks for injuries received. I consent to transportation of my child via busing secured by St. John UCC to Milwaukee Public Museum on Thursday, July 21<sup>st</sup> as part of participation in the program. In the event of an emergency, I hereby authorize the pastor, staff or any other adult leader of this activity, in my absence and the absence of other legal guardians, to seek emergency medical treatment in case of serious injury or illness.

Please list any special needs or food allergies:

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Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_