

# Registration Form

Please fill out front and back-Thank you!



## 2017 St Paul UCC Vacation Bible School

Monday, June 5—Thursday, June 8 from 6:00—8:00pm

St Paul United Church of Christ ❖ 119 N. Franklin St, New Bremen ❖ 419.629.2502

Additional registration forms available at [www.stpaulnb.org](http://www.stpaulnb.org)

All children (potty trained—entering 8th grade) are invited to attend.

**Register by Tuesday, May 23<sup>rd</sup>** Walk-in's are Always Welcome!!! Free For Everyone!!!

Child's Name \_\_\_\_\_ Child's Preferred Name \_\_\_\_\_

Gender—M F Child's Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Last School Grade Completed \_\_\_\_\_

T-Shirt Size (No Charge) Youth sm\_\_\_\_ med\_\_\_\_ lg\_\_\_\_ xlg\_\_\_\_ Adult sm\_\_\_\_ med\_\_\_\_ lg\_\_\_\_ xlg\_\_\_\_

Please Mark Evenings Child Can Attend: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

There will be a family dinner on Thursday, starting at 6:00pm. \_\_\_\_\_ **number attending.**

### Classes Available: Please Choose Two

\_\_\_\_ Burlap Crafts (painting/sewing)

\_\_\_\_ Dance

\_\_\_\_ Music/Boomwackers

\_\_\_\_ Rock Painting

\_\_\_\_ Stained Glass

\_\_\_\_ Weaving

Help and support would be appreciated. Please mark below the area in which you are able to assist us.

Volunteer Age: Incoming High School Freshman through 102

\_\_\_\_ Room Assistant (Assist teachers with art projects)

\_\_\_\_ Help with snacks

\_\_\_\_ Guide (Assist kids to different areas)

\_\_\_\_ Childcare for Fellow Volunteers

\_\_\_\_ Help with games

\_\_\_\_ Donate Cookies

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

### Questions Contact

St Paul Church Office  
419-629-2502

Lisa Weigandt  
937-538-0275

Dee Schroer  
419-733-8760

# Permission, Release and Medical Power of Attorney

Please fill out one form per child attending Vacation Bible School

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ work phone \_\_\_\_\_

Can we text you? Home Phone Y or N Cell Phone Y or N Work Phone Y or N

Email address \_\_\_\_\_

Emergency Contact (If parent can't be reached) \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Does your child have allergies (Food, Medicine, etc?) Y N Please List (use extra sheet of paper , and attach—if necessary)**

\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child to participate in the activity (Vacation Bible School) and release from all liability and indemnify St Paul United Church of Christ, and their officers, agents, representatives, volunteers, and employees, from any and all liability, claims, judgements, cost or expenses, including attorney fees, arising out of any illness incurred by my child while participating in or traveling to or from the activity.

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**I agree that Vacation Bible School (St Paul United Church of Christ) may use my child's portrait or photograph for promotional purposes and office functions, in print, social media and/or on their website.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please complete EITHER Part I or Part II below: Part I: Grant Consent In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the previously-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and, (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Part II: Refusal to consent (DO NOT COMPLETE IF YOU COMPLETED PART I). I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the church leaders to take the following action: (MUST BE COMPLETED IF REFUSING CONSENT FOR TREATMENT)

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_