

Augustus Lutheran Church

Vacation Bible School

Monday-Thursday, last week in June, 9:00 a.m.–noon

Registration Form

(Please complete a form for each child attending)

All children must be potty-trained in order to attend without a parent

Name: _____ Gender _____ Parents/Guardians _____

Parents: we need you! If possible, please sign up to help out at VBS for one or more days:
We/I can help on Monday Tuesday Wednesday Thursday

Address _____

Best email: _____ Birth date _____

Grade this fall _____ (if 7th grade or above, please see the "VBS Youth Helper" choices below)

Best Phone #: _____ Second Phone # _____

We are: members of Augustus interested in joining Augustus just visiting

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

VBS Youth Helpers

(youth in 7th-12th grade can sign up to be helpers—circle where you would like to help below)

Snack crew: Set out daily snack for VBS participants and clean up snack area and kitchen when snack time is done.

Games crew: 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: Lead children to and from activity sites assisting them as needed at the various activities.

Craft crew: Help set up the daily craft, assist VBS participants in completing their craft and clean up craft area each day.

Please return completed form to Sonya Sowards, Coordinator of Faith Development, by any of the below methods:

- Hand deliver to Sonya's mailbox in the church office
- Mail to 717 W. Main Street, Trappe, PA 19426
- Email to education@augustrappe.org

Please complete reverse →

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.

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 cannot 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 VBS other than those listed above

RELEASE OF ALL CLAIMS

In consideration of being accepted for participation in Vacation Bible School,

I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless Augustus 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, anti-diarrheal 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 Augustus, 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: _____ Date: _____

Emergency contact: _____ Phone 1: _____ Phone 2: _____