

**INTERGENERATIONAL VBS REGISTRATION**  
**Christ Church, South Church & West Parish**  
**Church**  
**July 27-30, 2009 \* 5:30 – 8:15 p.m.**



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

- \_\_\_\_\_ child participant: age 4 - Grade 5 as of June 2009
- \_\_\_\_\_ adult participant (non-volunteer)
- \_\_\_\_\_ volunteer (Grades 6 through adult)

Complete Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail (very important): \_\_\_\_\_

Grade Completed June 2009: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (must be 4 years old by 6/30/09)

Home Church/Town Located: \_\_\_\_\_

Please put my child in the same crew as \_\_\_\_\_ (we will try but cannot guarantee)

Allergies/Medical Conditions/Medicines: \_\_\_\_\_

Doctor \_\_\_\_\_ Town \_\_\_\_\_ Phone \_\_\_\_\_

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Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate Phone/Pager: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate Phone/Pager: \_\_\_\_\_

Emergency Contact (other than parents): \_\_\_\_\_ Phone: \_\_\_\_\_

Other individuals authorized to pick up your child: \_\_\_\_\_

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**We need lots of volunteers including middle school and high school students!**

- \_\_\_\_\_ **Crew Leader** (chaperone for 6-8 children, no preparation required, just have fun with the kids!)
- \_\_\_\_\_ **Leading or Helping with an Activity Center** (complete scripts & resources will be provided to guide you)
- \_\_\_\_\_ **Music**
- \_\_\_\_\_ **Games**
- \_\_\_\_\_ **Crafts**
- \_\_\_\_\_ **Bible Storytelling**
- \_\_\_\_\_ **Adult Bible Study**
- \_\_\_\_\_ **Director**
- \_\_\_\_\_ **Assistant Director**
- \_\_\_\_\_ **Dinner Coordinator**
- \_\_\_\_\_ **Dinner Helper**
- \_\_\_\_\_ **Assembling supplies and costumes**
- \_\_\_\_\_ **Running a Service Project**
- \_\_\_\_\_ **Marketing**
- \_\_\_\_\_ **Being registrar**
- \_\_\_\_\_ **Acting in Skits**
- \_\_\_\_\_ **Taking Photos**
- \_\_\_\_\_ **Nursery Attendant**

**CONSENTS & MEDICAL RELEASE**

I give my permission for my child to participate in Vacation Bible School sponsored by Christ Church, South Church and West Parish Church during July 2009. I hereby release West Parish Church, Christ Church and South Church, their leaders, employees, and volunteers from any liability whatsoever for any injury or problem occurring during participation in Vacation Bible School or in exercising this permission. In the case of an emergency, I authorize an adult leader (person must be 21 years of age) to consent to any diagnostic and/or medical treatment for my child deemed necessary by a licensed physician or dentist while participating in the Vacation Bible School (including examination, X-ray, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care) with the stipulation that a reasonable attempt will be made to contact me or my designated alternates at the phone numbers listed above before any treatment is given to my child. I give my permission for my photo (for adults) or my child's photo to be posted on the websites or in the church bulletins, newsletters, or press releases for any of the three sponsoring churches. I understand that no names or other identifying information will be included. Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

*Please mail a separate registration form for each child or volunteer together with a suggested donation of \$25/child (maximum \$50/family) payable to "West Parish Church" to the attention of Marie Lucca at the West Parish Church office. Please register by July 1.*