

St. Christopher Church Vacation Bible School

"Fiesta" July 23-27, 2007 Registration Form

For office use only

Amount paid:

Check #

Registration fee is \$25 per camper,
Registration fee for children of volunteers is \$10 per camper; Jr. Counselors are FREE

Please complete the Registration Form and Medical Release Form and return them along with a check made payable to St. Christopher's Church to Rose Cronin, St. Christopher's Church, 4 Barrell Lane, York, ME 03909

Thank you ☺ We're so happy you'll be joining us at VBS!

Parent(s) Name(s): _____

Street Address: _____

City, State, Zip: _____

Children: Boys and Girls - Age 4 to Grade 4 = **Campers**, Grade 5 - 12 = **Jr. Counselors**

Please put the grade you will be in September 2007

Name _____ Grade (entering in fall) _____

Name _____ Grade (entering in fall) _____

Name _____ Grade (entering in fall) _____

Name _____ Grade (entering in fall) _____

Name _____ Grade (entering in fall) _____

Name _____ Grade (entering in fall) _____

Mom's Name _____ **Email** _____

Home Phone # (____) _____ Cell Phone # (____) _____ Work Phone # (____) _____

I'd like to volunteer - planning ____, publicity ____, decorating ____, registration ____, kitchen ____, with kids ____

Dad's Name _____ **Email** _____

Home Phone # (____) _____ Cell Phone # (____) _____ Work Phone # (____) _____

I'd like to volunteer - planning ____, publicity ____, decorating ____, registration ____, kitchen ____, with kids ____

Volunteers:

If you're not sure how you can help, but you might like to, I would be happy to talk to you about the various options and you can choose what you'd like to do. All of the jobs are easy and not too time consuming. This is a fun time for all and a great way to meet new people. Bring a friend and work together ☺ All volunteers must complete the Protecting God's Children course.

Emergency Contact other than parents: Name: _____ Phone # _____

Health Issues/Allergies: _____

Special Needs: _____

Your Church Name: _____

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Medical Release Form

I (we), the undersigned parent(s) or guardian(s) of

Name _____ d/o/b _____ Name _____ d/o/b _____

Name _____ d/o/b _____ Name _____ d/o/b _____

Name _____ d/o/b _____ Name _____ d/o/b _____

d/o/b = date of birth

A minor(s), do hereby authorize adult volunteers of St. Christopher's Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability St. Christopher's Church, any of its ministries or leaders in the event of an accident en route, during and returning from the above-mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Street Address _____

City, State, Zip _____

Home Phone # (____) _____ Cell Phone # (____) _____ Work Phone # (____) _____

Best place to reach you during the program _____

Emergency Contact other than parents: Name: _____ Phone # _____

Health Issues/Allergies: _____

Special Needs/Medications currently being used: _____

Health Insurance Company _____ Policy or Group # _____

Doctor's Name: _____ Phone # _____

Dentist's Name: _____ Phone # _____

Date of last tetanus shot: _____