

The Churches of St. Jacobs invite you to...

Vacation Bible School 2017

August 14th - 18th

9:00 - 11:45 a.m.

Location – Calvary United Church



YOUTH REGISTRATION FORM

For children who have completed Gr 6, 7 or 8

The registration fee is \$15.00 per child.

Completed registration forms can be dropped off at the church offices of the: Mennonite or United Churches in St. Jacobs, Tuesday to Friday. Please ensure the registration form(s) and money are submitted together in a sealed envelope marked - "VBS REGISTRATION"

Cheques can be made payable to "St. Jacobs Ministerial"

NOTE: It is important that the information for each child attending be complete and accurate. Please include a note for any special group requests on this form as they cannot be made after the registration deadline.

We strive to be peanut free, however, cannot guarantee a 100% peanut free environment.

If you have any questions, please do not hesitate to email stjacobsvbs@gmail.com

REGISTRATIONS DUE JULY 29TH

NEW: please note that any late registrations will be placed on a wait list. You will be contacted if space is available. Walk in registrations will NOT be accepted.

Table with 4 columns: Name of Child, Date of Birth (YY/MM/DD), Last Grade Completed, Allergies/Behavioural or Medical Conditions/ Specialized mobility devices. Rows 1, 2, 3.

Parent / Guardian - _____ Home Phone: _____

Address - _____ Alternate Phone: _____

*E-Mail Address: _____

Emergency Contact - _____ Emergency Phone: _____

Waiver of Responsibility: I agree by registering my child in VBS that VBS will NOT be held responsible for injury, loss of personal items etc.

I give permission for photos or videos of my child to be taken and to be used for VBS purposes only. The photos will not be shared on social media.

Circle - YES or NO

Parent / Guardian Signature - _____ Date Signed - _____

*Confirmations will be sent via email as we are trying to go paperless.

The Youth VBS runs M-F from 9am-11:45am as well as the Wednesday Day of Fun, service project, and a sleep-over. An itinerary of events and items to bring will be provided. This will be emailed to all who provide their email.

We will also need drivers to take youth to and from the Waterloo Sportsplex on Wednesday August 17th in the afternoon. Can you drive? YES or NO (please circle). If yes, please provide your name and contact number.

Name _____ Contact # _____

**PARENT/GUARDIAN/YOUTH INFORMATION AND CONSENT FOR
VACATION BIBLE SCHOOL'S SWIMMING/OVERNIGHT/SERVICE TRIP
AUGUST 17th and 18th, 2016**

RELEASE AND INDEMNIFICATION AGREEMENT

This form must be read in its entirety and signed by both the youth who wishes to participate and by their parent/guardian.

ELEMENTS OF RISK

- Educational activity programs such as these named above involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. These accidents result from the nature of the activity and can occur without any fault on either part of the youth, or the churches, or it's volunteers, or the facility where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring.
- Field trips may present various elements of risks, as might various forms of related transportation including automobiles or buses. Accidents related to such activities may occur and cause injury to a youth or youths through no fault of the churches, a transporter, volunteer, or facility at which activities take place.
- The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity.
- If you choose to participate, you must understand that you bear the responsibility for any accident that might occur.
- The St. Jacobs Mennonite, Calvary United and St. James Lutheran churches do not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in this activity.
- I understand that exemplary behaviour will be expected on the part of my son or daughter as an ambassador of the Vacation Bible School Program.

I fully agree that, should my child fail to comply with the standards set for this trip by the volunteers (moral conduct, regard for property, use of illegal substances- alcohol or drugs, etc.), I will accept a collect call regarding the above and be prepared to pay the costs of transporting my child home. Any youth who does not comply with the standards set with the volunteers will be sent home immediately.

Waiver of Responsibility: I give the above youth permission to participate in this Vacation Bible School program. St. Jacobs Vacation Bible School will not be held responsible for injury, etc.

_____ Parent Initials

Youth Signature

Parent/Guardian Signature

Date