

Shipwrecked Vacation Bible School 2018

Registration Form and Liability Release for Campers & Youth Volunteers

August 20-24 from 9am -12 noon

St. Mark's Episcopal Church, 27 Main Street Southborough 508-481-1917

Entering pre K (age 4) to Grade 5

Cost: \$50 (1 child), \$85 (2 children), \$110 (3 children)

\$ 135 (4 children)

***Early Bird Special: Save \$10 per family if registered by June 20th**

Please make checks payable to St. Mark's Church (VBS on memo line)

Name: _____

Home address: _____

City/Town: _____ State: _____ Zip code _____

Age: _____ Last grade completed: _____ Birthdate: _____

My child will be a (circle one choice only) camper middle school/high school volunteer (must be entering grade 6 or above)

VBS T-Shirt Size (Please circle one)

Youth S Youth M Youth L Youth XL

Adult S Adult M Adult L Adult XL

Parent(s)/Guardian(s) Name: _____

Home phone: _____ Work or cell phone: _____

Home email address: _____

Home church (if any): _____

In case of emergency, please contact: _____

Phone number _____

Relationship to child: _____

Alternate contact or if another adult is permitted to pick up your child from VBS: _____

Required Medical Release for VBS Campers and Youth Volunteers

I, the parent/guardian of _____ do authorize adult volunteers and staff of St. Mark's Episcopal Church to act on my behalf in an emergency and seek medical care deemed advisable by an accredited physician or surgeon in an approved hospital or medical clinic to treat my child.

I further release from any liability the adult leaders and teen helpers of VBS in the event of an accident or injury to my child. This agreement does not apply to claims of misconduct or gross negligence. Please clearly indicate on this form any allergies, medical restrictions or dietary limitations of which we must be made aware. (Use back side of paper if needed.)

Medical conditions, allergies or other needs your child has

Any learning needs (emotional, social, cognitive, developmental, behavioral, learning disabilities) that we should know of:

Date _____

Parent or Legal Guardian (name, printed) _____

Parent or Legal Guardian (name, signature) _____