

CHRISTUS VICTOR LUTHERAN CHURCH



VACATION BIBLE SCHOOL

2017 REGISTRATION (one form per family)

July 23-27, 6:30-8:00pm

Note: To register for VBS, children must be 3 years of age by September 1st and potty trained.

For Office Use

Total Paid \$ _____

Cash _____ Check# _____

Registration(s): \$ _____

Meal(s): \$ _____

V.B.S. Participant:

Child's Name (first & last)	Birth Date	Grade (2017-18 School Year)	T-Shirt Size*
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

*T-shirt sizes are as follows: Small (2-4), Medium (6-8), Large (10-12), X-Large (14-16)

Nursery Needed For: (no charge)

Child's Name & Age	Child's Name & Age
1. _____	2. _____

Food Allergies:

We will be having a snack, please note below any food allergies for your child/children

Please check here if you **DO NOT** want your child's photo taken

Parents/Guardian _____

Mother

Father

Address: _____

street

city/state

zip code

Contact: _____

home (evening) #

cell #

Email

Complete back side

Minor Participation Authorization and Consent to Emergency Medical Treatment Form

I, the undersigned, certify that I am the parent or legal guardian of _____
_____ [hereafter the “minor child(ren)”].

list names of child(ren)

I hereby give my consent to have my minor child(ren) participate in **Christus Victor Lutheran Church** sponsored activities (hereafter “these activities”).

I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death to my minor child(ren) in connection with his/her participation in these activities.

To the fullest extent permitted by law, I release **Christus Victor Lutheran Church**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in these activities and agree to save and hold harmless **Christus Victor Lutheran Church**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child(ren)’s participation in these activities.

Further, being the parent or legal guardian of the minor child(ren), I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child(ren). I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child(ren). As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child(ren) and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Date: _____

Parent/Guardian(s) Signature(s)

Please return completed form with payment to CV Church Office by July 16

VBS Registration Fees:

1st Child	\$ 25.00
2 Children	\$ 50.00
3 Children	\$ 55.00
4 Children (and above)	\$ 65.00

Optional Meals

Meals served every night from 5:30 – 6:15 p.m.
The cost per meal is \$3.00
(a list of meals is available upon request)

**Fees are payable at the time of registration. All children are welcome at VBS.
If this fee is a hardship for your family, please contact Pastor Steve.**

Volunteers Needed:

Check out the various opportunities on Sign-Up Genius. A link is provided on the Christus Victor website (www.christusvictor.org)

OR

Please contact me about volunteer opportunities