

# Summer Fun 2010

VACATION BIBLE SCHOOL @ THE VILLAGE CHURCH

**VBS** is an environment which provides children the opportunity to participate in Christian community and leads them into positive growing experiences through faith in Jesus.



For Children Age 4 by March 1, 2010 ~ through entering the 6th+\* Grade in September 2010  
 \$65.00 Suggested Donation Per Child  
 \$5.00 Discount for each additional child after the first ~ Scholarships Available  
 \$65 Discount for any 5-Day Adult Volunteers  
 \$175.00 Maximum Cost Per Family **REGISTER EARLY-TEAMS FILL-UP QUICKLY**

**AUGUST 9 - 13 ~ 9:00 - NOON**

PLEASE READ AND COMPLETE ALL QUESTIONS:

- PARENT'S NAMES (PRINT) \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_
- ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_
- POST OFFICE BOX #: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_
- I AM WILLING TO HELP: YES NO (CIRCLE YOUR PREFERENCE), \*ALL 5 DAYS, or M - T - W - TH - F  
*\*Note: 5-day volunteers will receive a full scholarship for one child.*
- AREAS I'D LIKE TO HELP: \_\_\_\_\_
- \*JR. & SR. HIGH students can be CITs (Counselors In Training); Use a special Registration Form; \$25each
- "VBS DVD"? During VBS week a DVD is made and mailed to you afterward. VBS DVD's are \$15.00 each.  
 Would you like to order a VBS DVD? Yes, # \_\_\_\_\_. Please add \$15 for each DVD to your total amount.
- NOTE: Children must wear CLOSED TOED-SHOES to Vacation Bible School.

CHILDREN'S First Names (PLEASE PRINT) (Add Last name if different)	Child's Gender	Birth Date (MM/DD/YY)	Kid T-Shirt XS S M L	Grade in Sept. 2010	If Possible Group Me with A Friend - Name of Friend
1					
2					
3					
4					
5					

**→ PLEASE READ & SIGN Emergency Release Form & Waiver of Liability on other side. →**

THE VILLAGE CHURCH • 6225 PASEO DELICIAS • BOX 704 • RANCHO SANTA FE • CA 92067 • (858) 756-6736

Office Use Only: Date Paid	Amount \$	Check #	Cash	Sch.
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The Village Community Presbyterian Church

# Assumption of Risk and Release Waiver

NAME OF PARTICIPANT(S): \_\_\_\_\_ AGE(S): \_\_\_\_\_

By signing this Assumption of Risk and Release Waiver, the individual named wishes to participate in church sponsored events described below, and recognizes that there are risks of injury or damage arising from the activities specified or from other activities (including travel) that may be associated with participation in the event.

By his/her signature below, the participating individual agrees to assume the risks and responsibilities surrounding his/her participation in the church sponsored event. In addition, the participant (including his/her heirs, assigns and personal representatives) agrees to release, hold harmless, and indemnify The Village Community Presbyterian Church from and against any claims, demands, actions, causes of action, lawsuits, expenses, or losses (including attorneys' fees) on account of personal injury or property damage (including death) arising out of or attributable to the individual's travel to or participating in the church sponsored event.

The Assumption of Risk and Release Waiver applies to The Village Community Presbyterian Church and all of its trustees, officers, employees and agents.

Description of Event and Activities: Vacation Bible School 2010; Transportation to and from San Dieguito Park.

The undersigned acknowledges that he/she has read and understands this document. This Assumption of Risk and Release Waiver is valid until rescinded in writing.



Executed as of this \_\_\_\_\_ day of \_\_\_\_\_, 2010

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of parent or guardian (if participant is under 18 years of age).*

Printed Child(ren)'s Name(s): \_\_\_\_\_

## + Medical Release Form

CHILD'S (CHILDREN'S) NAME(S): \_\_\_\_\_

STREET ADDRESS if different than on reverse \_\_\_\_\_ BOX # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

★ **IMPORTANT:** Please be sure that WE HAVE A phone number where you, as a parent, CAN be reached.

✚ **Medical or Food Allergies, medication being taken, medical problems, or other pertinent information:**

\_\_\_\_\_  
\_\_\_\_\_

I /we understand that, in the event medical treatment is required, every effort will be made to contact me/us. However, if I/we cannot be reached, I/we give permission to The Village Church or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my/our child's well-being.



Signed \_\_\_\_\_ Date \_\_\_\_\_

PARENT/S OR LEGAL GUARDIAN/S PLEASE PRINT NAME HERE \_\_\_\_\_