

Participants:

Ages: 4 years (by June 1st) through the completion of 5th grade.

Helpers:

Must have completed 6th grade through infinity.....

Those families that pre-register will receive a free CD (one per family) if pre-registered before Friday, June 16^h.

We need Volunteers to help to continue making VBS a success!

Please contact: **Ann Arends at 815-761-4460**

Jill Schmitt at 815-762-2732

Karin Gordon at 815-761-8552

Sue Rood at 815-761-8982



Discover Your Strength in God!

Location: Waterman United Methodist and Waterman Presbyterian Churches

VBS will last from: Tuesday, June 27th thru Friday, June 30th.

Each VBS day's fun begins at: 9:30 am at Waterman Presbyterian Church

The VBS day ends at: 12:00 noon at Waterman Presbyterian Church

For more information call: Waterman United Methodist Church at 815-264-3991
or: Waterman Presbyterian Church at 815-264-3491

Church Websites: www.watermanumc.org or www.watermanpres.com

Church e-mails: watermanumc@gmail.com or wpc1864office@mediacombb.net

Forms may be mailed to Waterman United Methodist Church, PO Box 296,
Waterman, IL 60556 or Waterman Presbyterian Church, PO Box 208, Waterman, IL 60556

Forms may also be dropped off at either church, at the Waterman United Methodist Church, forms may be placed in mailbox, outside the education wing entrance. At Waterman Presbyterian Church, forms may be placed in a box on a bench by the front entry.

Permission Slip, Liability Waiver, and Medical Authorization

(One form per child must be completed/*adult volunteers need only complete applicable info)

Effective for Vacation Bible School from June 27th -June 30th, 2017Time 9:30 am – 12:00 noon

This year’s theme is **“Hero Central”**

NOTE TO PARENTS: Please dress your child weather appropriate for possible outdoor activities!!!

Volunteer/Child’s name: _____ **Gender: M or F** **Last grade completed:** _____
(Please circle one) (Please circle one)

Name of Parent /Guardian: _____ **Relationship:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Primary Phone#: _____ **Cell phone #:** _____ **Home church** _____

Crew member or name (church use only) _____

Please explain any allergies, dietary and/or medical concerns for your child in the space below:

Functions and activities: I authorizer my child to participate in all Vacation Bible School activities including possible hayrides and games. INITIAL HERE _____

Publicity: I authorize Waterman Presbyterian and/or Methodist Church to take pictures of my child during Vacation Bible School activities. I also authorize the use of said pictures for the purpose of newsletters, church websites and for other promotional/informational usage. INITIAL HERE _____

Medical Custody Release: I authorize the VBS Leadership of Waterman Presbyterian and/or Methodist Church to seek and authorize Medical attention in the event my child needs medical care for Emergency or Normative reasons. I understand a first call will be made to the parents/guardians, however, if contact cannot me made on first call, assistance will be authorized by the Churches VBS leaders. INITIAL HERE _____

Release of Liability: By signing this form I understand there are risks associated with all activities including VBS activities. I agree not to hold Waterman Presbyterian Church and/or Waterman Methodist Church or any of the VBS leadership or other agents liable for any harm that may accidentally occur through the normal course of Vacation Bible School. I understand the VBS leadership will make every reasonable attempt to provide a safe and caring environment for my child. INITIAL HERE _____

Other emergency contacts: (Listing a person indicates they are approved to pick up your child)

1) Name: _____ **Relationship:** _____

Primary phone#: _____ **Alternate Number#** _____

2) Name: _____ **Relationship:** _____

Primary phone#: _____ **Alternate Number#** _____

Final Approval: I as the parent/guardian agree to the above:

Signature: _____ **Print Name** _____

***We are in need of Volunteers to help in the continued success of VBS. Please indicate if you are able to help on:**

Monday (6.26.2017/set-up) _____ **Tuesday** _____ **Wednesday** _____ **Thursday** _____ **Friday** _____