

## **Participants:**

Ages: 4 years (by June 1<sup>st</sup>) through the completion of 5<sup>th</sup> 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 15th.

**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 26th thru Friday, June 29th.

**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](http://www.watermanumc.org) or [www.watermanpres.com](http://www.watermanpres.com)

Church e-mails: [watermanumc@gmail.com](mailto:watermanumc@gmail.com) or [wpc\\_office@frontier.com](mailto:wpc_office@frontier.com)

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 26th -June 29<sup>h</sup>, 2018 ....Time 9:30 am – 12:00 noon

This year’s theme is **“Rolling River Rampage”**

**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 authorize 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 be 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 (6.25.2018/set-up)** \_\_\_\_\_ **Tuesday** \_\_\_\_\_ **Wednesday** \_\_\_\_\_ **Thursday** \_\_\_\_\_ **Friday** \_\_\_\_\_