

# Vacation Bible School

## Titusville Presbyterian

[www.Titusvillechurch.org](http://www.Titusvillechurch.org)

**Date:** June 25-27, 2018

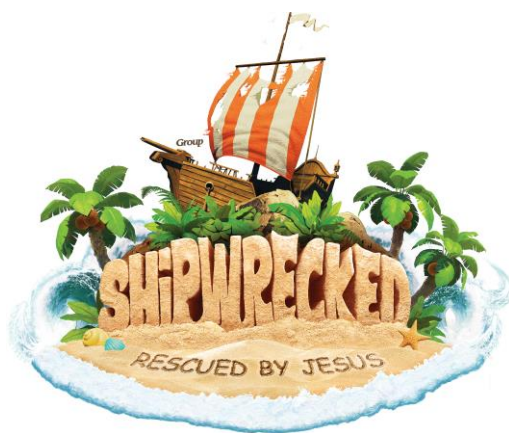
**Time:** 9:00 AM Registration

9:15AM – 12:00 PM Program

**Ages:** 3 through 12

**Registration:** \$15 suggested donation

\$5 each additional child



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parents'/guardians' names: \_\_\_\_\_

Parents'/guardians' phone contacts:

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Would you be interested in assisting with snacks, lessons, crafts, music, or donating drinks or snacks?  
(Please, no donations with nuts)

Yes-→Dates you are available \_\_\_\_\_ No \_\_\_\_\_

REGISTRATION DEADLINE: JUNE 20

Return form with payment to Titusville Presbyterian Church, 48 River Drive, Titusville, NJ 08560  
Questions? Call 609-737-1385

Would you be interested in (please check):

\_\_\_ receiving mailings from the Titusville Presbyterian Church, and/or

\_\_\_ learning more about attending or becoming a member of the Titusville Church?

Would you grant permission for Titusville Presbyterian Church to use VBS photographs, videos, slide shows, in Titusville Presbyterian Church promotional materials? Captions will not include children's names. Yes \_\_\_ No \_\_\_

# Medical Release Form

Name of Youth Participant			Phone Number		
<input type="text"/>			<input type="text"/>		
Address			Birth Date		
<input type="text"/>			<input type="text"/>		
City	State	Zip			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Emergency Contact			Phone Number		
<input type="text"/>			<input type="text"/>		
Family Doctor's Name			Phone Number		
<input type="text"/>			<input type="text"/>		
Insurance Company			Policy Number		
<input type="text"/>			<input type="text"/>		

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

---

---

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

_____	____/____/____
(Signature of Parent or Legal Guardian)	(Date)

\*\*\*\*\* **Please have your child wear sneakers (no sandals) for games.** \*\*\*\*\*

---

## Waiver of Liability Statement

I, the parent or legal guardian of the child listed above release Titusville Presbyterian Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in Vacation Bible School.

_____	____/____/____
(Signature of Parent or Legal Guardian)	(Date)