



2024 Vacation Bible School Registration and Waiver Release Form

Date: June 17, 2017 through June 21, 2024

Time: 9:00 am – 12:00 noon

Location: Immanuel United Church of Christ; 311 W. Corning; Peotone, Illinois

Please have children arrive by 8:45 am for Check-in/Registration. \$10.00 1st Child, \$5.00 each additional child per family - payable by 1st day

Child's Name (Last, First)	Birthdate	Last Grade Completed

Parent/Guardian Name(s) _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent email address(es) _____

Name of Church Membership: _____ (not required to attend VBS)

LIABILITY RELEASE: In consideration of Immanuel United Church of Christ allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Immanuel United Church of Christ, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims, or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever that may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Immanuel United Church of Christ, its directors, employees, volunteers, and agents from any and all liability, claims, or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

PHOTO/VIDEO PERMISSION: I DO / DO NOT (circle one) give my consent to Immanuel United Church of Christ to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless Immanuel United Church of Christ from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at Immanuel United Church of Christ's Vacation Bible School. **None of the photos will be for personal use.**

I hereby give permission for my child(ren) to participate in Vacation Bible School at Immanuel United Church of Christ on June 17, 2024 through June 21, 2024.

COVID: hand sanitizer will be available, wearing of masks is optional, if your child develops symptoms related to COVID during the week, please keep your child home and notify Pastor Terry at Immanuel.

Parent/Guardian Signature _____ Date _____

Complete the following for **each child** in the family. (please copy if you need more forms)

All information will remain confidential to Vacation Bible School staff.

Child's Name _____	Medical Insurance YES ___ NO ___
Insurance Company _____	Policy/GroupID# _____
Allergies, Medications, and/or Medical Conditions _____	

Activity restrictions _____	
Parent/Guardian phone number(s) _____	
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:	
Name(s) _____	
Contact Phone _____	
People authorized to pick up my child _____	

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People authorized to pick up my child _____	

Please **return** the completed Registration and Waiver Release Form to:

Immanuel United Church of Christ VBS, 311 W. Corning Ave.; Peotone, Illinois 60468

Or email peoimmanuel@aol.com

*****PLEASE RETURN by Sunday, June 12, 2022**