

# God's Love is No Mystery

## VBS 2017



Trinity Lutheran Church  
300 S Ardmore Ave  
Villa Park IL  
630-834-3440  
sundayschool@trinityvp.com

June 26-30  
9-11 AM  
For 3-Year-Olds  
through Grade 5

Children's Names \_\_\_\_\_

Age/Grade Entering \_\_\_\_\_

Allergies \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address\*\* \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Church Affiliation \_\_\_\_\_

\*\* Reminders and more information will be provided via email.

*Please sign waiver on reverse side.*  
Return via mail to the above address c/o Jenn Gawat  
OR email this form to the above email.



## **Waiver/Release & Emergency Medical Treatment Permission**

As parent or legal guardian of the participants in VBS. I recognize and acknowledge that there are certain risks involved in participating in any recreational activity. I agree to the terms of this waiver and administration of first aid and medical treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses and any related medical bills. I waive, release absolve indemnify and agree to hold harmless Trinity Lutheran Church as well as it's officers, employees and volunteers against any and all action, claims, demands, losses, expenses, or abilities.

Parent or Legal Guardian's Name: \_\_\_\_\_

Parent of Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Photography Waiver**

As parent or legal guardian of the participant in VBS, I give permission for photographs of my children to be used in print or on the Trinity Lutheran Church website.

Parent or Legal Guardian's Name: \_\_\_\_\_

Parent of Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_