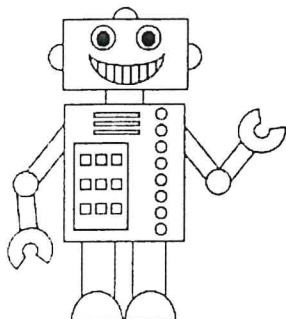


GOD AT WORK VBS 2018

Please Register by June 15th

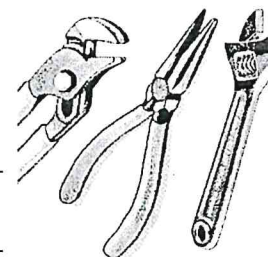


Trinity Lutheran Church
300 S Ardmore Ave
Villa Park IL
630-834-3440
jwild309@gmail.com

June 25-29
9-11 AM
For 3-Year-Olds
through Grade 5

Children's Names _____

Age & Grade Entering _____



Allergies _____

Parents' Name(s) _____

Address _____

Phone 1 _____

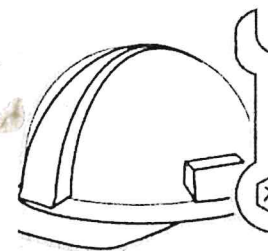
Phone 2 _____

Email Address** _____

Emergency Contact _____

Church Affiliation _____

Volunteer Availability _____



** 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: _____

