

August 2-6, 4:00-7:00pm – Dinner Included!

Children ages 3 to 10

will listen to great stories, make cool crafts,
sing fun songs,
play zany games and make new friends.

Sign up today!



St. John Chrysostom Episcopal Church
303-279-2760
13151 W. 28th Avenue, Golden CO
Applewood Area near I-70 & Youngfield

Participant Registration – three pages
(Please complete a separate set of forms for each child)

Participant Name _____ Sex: M F

Date of Birth _____ Grade Entering in Fall 2010 _____

Address _____ City _____ Zip _____

Phone _____ e-mail _____

Name of Parent/Guardian _____

Parent/Guardian Phone (home) _____ (cell) _____

Parent/Guardian e-mail _____

All forms and full registration payment* are due by: July 21, 2010 to:
St. John Chrysostom Episcopal Church
Attn: Jan Pearson
13151 W. 28th Avenue
Golden, Colorado 80401

***Registration costs:**

\$25 per child registered and paid by July 21

\$30 per child registered after July 21

Discount for Family and Friends: Save \$5 each when registered together!

Questions regarding "Wanted by God" VBS Activity Camp should be directed to:
Deacon Jan Pearson
303-279-2760
deaconjpearson@stjohngolden.org

Additional forms to be completed and submitted with registration:

Liability, Medical Release, and Photo Permission Form; Health Information Form

“Wanted by God” VBS Activity Camp
August 2-6, 2010
St. John Chrysostom Episcopal Church
Liability, Medical, and Photo Release Form

Liability Release

I hereby give permission for (child's name) _____ to participate in “Wanted by God” VBS Activity Camp at St. John Chrysostom Episcopal Church including lessons, games, arts and crafts, and other activities related to “Wanted by God” VBS Activity Camp. In accordance with the permission I am granting, I hereby agree to indemnify and hold the adult volunteers harmless from any and all liability resulting from injury while participating in said activities. (*All adult volunteers are in compliance with the Episcopal Diocese of Colorado through their participation in “Safeguarding God’s Children” training.)

Parent(s)/Guardian Name _____ (Please Print)

Parent/Guardian Signature _____ Date _____

* * * * *

Medical Release

In the event that I/we cannot be reached during a medical emergency or traumatic accident, I/we authorize the adult leaders to act on my/our behalf in securing the best treatment possible at the nearest medical clinic or hospital, in consultation with my child’s physician.

Parent(s)/Guardian Name _____ (Please Print)

Parent/Guardian Signature _____ Date _____

* * * * *

Photo Permission

I, (please print name here) _____ give St. John Chrysostom Episcopal Church in Golden, Colorado permission to use various photos of my family and myself (from church-related events and activities) for the church website or other promotional advertising. I understand that no names will be used in conjunction with any child’s (or children’s) photos for their protection, and no adult names will be used without specific permission.

Parent/Guardian Signature _____ Date _____

"Wanted by God" VBS Activity Camp – Aug. 2-6, 2010
St. John Chrysostom Episcopal Church
Health Information

This form must be completed carefully by parent, guardian, or physician. Information will be shared only with leadership team.

Participant's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Parent/Guardian(s) Name _____

Phone(H) _____ Phone(W) _____ Cell _____

In Case of Emergency Contact _____ Phone _____

Additional Emergency Contact _____ Phone _____

Medical Insurance Information (required by law before treatment can be administered):

Insurance Provider _____

Policy Number _____ Group Number _____

Physician's Name _____ Phone _____

Are School Immunizations up to date? Yes No Date of last Tetanus Booster _____

Identify illnesses to which participant is subject (please be specific):

Drug Allergies _____	Hay Fever _____	Diabetes _____	Asthma _____
Food Allergies _____	Fainting _____	Hyperventilation _____	Seizures _____
Cramps _____	Sinus Trouble _____	Other (specify) _____	

Recent Illnesses, Hospitalizations, or Surgeries: _____

Any physical, emotional, or learning limitations: _____

Special Dietary Needs: _____

Emergency treatment/medications
(such as Epinephrine Pen): _____

What scheduled medications will your child
need during VBS?: _____

Purpose? _____ Frequency of Dosage _____

In case of medical emergency, I understand that every effort will be made to contact parents or guardian of participant. In the event that I cannot be reached, I hereby give permission to the physician selected by my child's adult leader to hospitalize and/or secure proper treatment for the above named participant. I authorize the release of any medical information necessary to process my insurance claim.

Signature of Parent/Guardian _____ Date _____