

GOD'S WILD & WONDERFUL KINGDOM VBS ACTIVITY CAMP

**July 18-22* – 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.

***Parents & families are invited to dinner
as part of the Friday Family Feast
6:00pm July 22 - RSVP**



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

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 2011 _____

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 12, 2011 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 12

\$30 per child registered after July 12

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

Questions regarding "God's Wild & Wonderful Kingdom" 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

“God’s Wild & Wonderful Kingdom” VBS Activity Camp
July 18-22, 2011
St. John Chrysostom Episcopal Church
Liability, Medical, and Photo Release Form

Liability Release

I hereby give permission for (child’s name) _____ to participate in “God’s Wild & Wonderful Kingdom” VBS Activity Camp at St. John Chrysostom Episcopal Church including lessons, games, arts and crafts, and other activities related to “God’s Wild & Wonderful Kingdom” 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 _____

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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 _____