

*You're  
Invited*

**Vacation Bible School - June 10 - 14, 2013 - 9AM-12PM**

Parkway Presbyterian Church - 5830 Bethelview Road

**Cost = FREE**

It costs Parkway \$25/child to make VBS an amazing week for our children. If you feel led to make a contribution to offset the cost of VBS, simply make your check out to Parkway, and put "VBS" in the memo section.

**DEADLINE: Forms for children (AGE 5-5<sup>th</sup> GRADE) will be accepted through 5/20/13**

Parent's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_

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

***Vacation Bible School (VBS) is run completely by volunteers. Please consider lending a hand. Let us know your areas of interest by ranking your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices:***

\_\_\_Crew Leader-Elementary

\_\_\_Decorations

\_\_\_Childcare

\_\_\_Missions

\_\_\_Crew Leader - Preschool

\_\_\_Music

\_\_\_Drama/Skits

\_\_\_Crafts

\_\_\_Clean-up/Set-up/Prep Work

\_\_\_Recreation

\_\_\_**Whatever Needs To Be Done**

***Vacation Bible School Registration Form***

Child's Name \_\_\_\_\_

**CHILDREN PARTICIPATING IN VBS MUST BE AT LEAST 5 YEARS OLD BY SEPTEMBER 1, 2013**

Date of Birth: \_\_\_\_\_ Age as of 9/1/13: \_\_\_\_\_

Allergies or Concerns: \_\_\_\_\_

Is there anything you wish to tell us about your child? (Likes, dislikes, special needs, etc.) \_\_\_\_\_

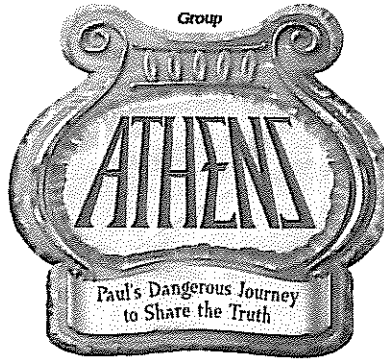
Child's Name \_\_\_\_\_

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Is there anything you wish to tell us about your child? (Likes, dislikes, special needs, etc.) \_\_\_\_\_



**PARKWAY PRESBYTERIAN CHURCH VBS CONSENT OF PARENT OR GUARDIAN FOR MEDICAL TREATMENT AND TEMPORARY CUSTODY OF MINOR CHILD**

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Parent or Legal Guardian

Parkway Presbyterian Church (EPC)  
Temporary Custodian

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Address

5830 Bethelview Road  
Address

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City/State/Zip

Cumming, GA 30040  
City/State/Zip

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Name of Minor Child

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Date of Birth

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Name of Minor Child

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Date of Birth

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Name of Minor Child

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Date of Birth

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Name of Minor Child

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Date of Birth

**Effective Date: 6/10/2013**

**Termination Date: 6/14/2013**

1. **Consent.** Parents or Guardians consent to the temporary custody of their Minor Child by Custodian pursuant to the terms of this agreement.
2. **Assumption of Risk.** Parent or Guardians realize that there is always a chance that Minor Child will be injured while in the custody of Custodian. In spite of this, Parents and Guardians assume that risk and exonerate Custodian from liability for any accident, injury, or sickness occurring during the time Custodian has custody of Minor child except to the extent that such accident, injury or sickness resulted from the negligence or intentional misconduct of the Temporary Custodian.
3. **Consent to Authorize Medical Care.** Parents or Guardians consent that Custodian authorize all first aid or medical care which Custodian in his/her discretion deems necessary for the health or treatment of any illness or injury of Minor Child occurring during this temporary custody.
4. **Hold Harmless.** Since Parents or Guardians have recognized the existence of and assumed all risks, Parents or Guardians shall hold Custodian harmless from any suit of liability arising out of any illness, accident or other complication occurring during the temporary custody with regard to Minor Child, including court costs, attorneys' fees and time lost from work in connection with any Court or administrative proceeding arising out of the temporary custody.

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Parent or Legal Guardian

Parkway Presbyterian Church (EPC)  
Temporary Custodian