



SHIPWRECKED

“Rescued by Jesus”

VACATION BIBLE SCHOOL

July 16-20, 2018 9:00am-12:15 pm

Pre-K through rising 6th graders

(Pre-K must have turned 3 before Oct. 1, 2017)

Space is limited-please sign up early!

\$15 per child to offset the cost of materials- CD included (\$30 max per family)

One form per family. Return or mail to Parish office with registration fee:

Old Donation Episcopal Church, 4449 N. Witchduck Rd, Virginia Beach, VA 23455

If you are unable to attend after registering, please contact the church office at 757-497-0563 so we may offer your place to another youth (NO REFUNDS GIVEN).

Parent Name: _____

Mailing Address: _____

Email: _____ Cell Phone: _____

Emergency Contact: _____

Relationship: _____ Cell Phone: _____

First & Last Name of Child	D.O.B.	Grade completed (or age on 10/1/2017)	T-shirt size	Allergies/Restrictions

I would like to volunteer at VBS! Please call me with details.

My 12-18 year old child wants to volunteer at VBS!

Youth volunteers must have completed 6th grade.



Liability/Medical Treatment/Photography Waiver

I hereby grant permission for the above child(ren) to engage in the various activities sponsored by Old Donation Episcopal Church during VBS, including, but not limited to, supervised crafts, outdoor play, and general participation in any and all activities sponsored by or associated with Old Donation Episcopal Church VBS. I expressly assume all risks of the child(ren) when participating in the activities.

This consent also includes specific permission to the adult supervisors and leaders of Old Donation's VBS to make medical decisions with respect to said child(ren) in the event of accident or injury when parental consent is unavailable or when circumstances shall require immediate medical decision, and to administer medication when required.

I authorize Old Donation Episcopal Church to use photographs of my child(ren) to promote the church, VBS program, and other Children's Formation activities. Uses might include a display board, e-news, church website, church social media, etc.

Printed Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Date

FOR OFFICE USE: PAYMENT- Cash OR Check # _____ Amount Received _____ Scholarship Requested _____