

**St. Christopher's  
Church  
VBS 2017  
July 17-21**



**9am-Noon  
Questions?  
Marion 651-633-4589 x23  
Marion@stchristophers-mn.org**

**Registration fee per child: \$40.**

Save \$5 if you register before Sunday, June 4th. Please make checks payable to St. Christopher's and write VBS on the memo line. Scholarships are available – Contact Marion for more information .

**Children Participating in VBS**

Name/Nickname	Grade Entering	Age	T shirt s i z e	Birthdate	S p e c i a l N e e d s (allergies are noted in the medical release)

T-Shirt sizes: Youth XS(2/4) S(6/8) M(10/12) L(14-16) Adult S, M, L, XL

Parents/Guardians: \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Alternate Phone numbers \_\_\_\_\_

Alternative Emergency Contact (name/phone) \_\_\_\_\_

If you are not a member of St. Christopher's, how did you hear about our program?

In order to be sure that we have enough supplies for everyone, please register your child(ren) by **Sunday, July 2, 2017**

Thank you!

I have read and signed the release forms on the 2<sup>nd</sup> page of this registration form.

Office use: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_ Elec. Reg \_\_\_\_\_ Welcome \_\_\_\_\_

St. Christopher's Episcopal Church \* 2300 N. Hamline Ave \* Roseville, MN 55113\* 651-633-4589

**Release Forms**

**Participant Name(s):** \_\_\_\_\_

**MEDICAL CONSENT FORM**

To Whom It May Concern:

We (I), the undersigned, do hereby give permission for our (my) child(ren)listed above to attend and participate in St. Christopher’s Vacation Bible School Program.

We (I) authorize an adult, in whose care the above- named minor has been entrusted by us to consent to any reasonably necessary medical examination, anesthetic, medical, surgical or dental diagnosis or treatment, and/or hospital care, to be rendered to the above- named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of Minnesota law and an active member of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of any such physician or any such hospital, clinic or urgent care facility.

We (I), the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

We (I) understand that should it be necessary for our (my) child to return to my care due to medical reasons or otherwise, that I shall assume all transportation cost.

Allergy Information:

Date:\_\_\_\_\_

Parent Signature:\_\_\_\_\_

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**MEDIA AND PHOTO RELEASE**

The undersigned parent/guardian does agree to grant to St. Christopher’s Episcopal Church permission to record on film, digital photographs, slide show, video tape, or audio tape, and retrospective slideshow the participants listed above in the Vacation Bible School program. I further agree that any or all of the material recorded may be used, in any form (including social media - participants would not be named), as part of any future production(s) made by or for St. Christopher’s, and further, that such use shall be without payment of fees, royalties, special credit, or other compensation.

Date:\_\_\_\_\_

Parent Signature:\_\_\_\_\_