



# Shipwrecked

## VBS 2018

In Partnership with Wildfire Churches:  
 Faith Lilac Way, First, House of Hope & St. James  
**Sunday, July 22—Thursday July 26, 2018**  
**Meal at 5:00pm, Program from 5:45pm—8:00pm**  
 House of Hope—4800 Boone Avenue North, New Hope  
**Please complete both sides of form**

VBS is open to all children ages 3yrs—5th grade (current age).  
 It involves 5 days of VBS that includes Bible study, worship, crafts, snacks and games.

### Participant Information:

Name of participant: \_\_\_\_\_  
 Gender: M F NC Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade (as of 9/1/2017): \_\_\_\_\_  
 Preferred Buddy \_\_\_\_\_  
 Family Email Contact: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( \_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_ ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone: ( \_\_\_ ) \_\_\_\_\_

### Emergency Contact (other than parent)

Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Relation to Child: \_\_\_\_\_

### Volunteer Information: Yes, I would like to help with VBS (please check your area(s) of interest)

\*Please complete Volunteer Application (this is a separate form)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Station Leader*   | <input type="checkbox"/> Guide *            | <input type="checkbox"/> Photographer *    | <input type="checkbox"/> Registration* |
| <input type="checkbox"/> Donating Supplies | <input type="checkbox"/> Prepping Materials | <input type="checkbox"/> Decorating/Set-up | <input type="checkbox"/> Clean-up      |

### Photo Release

I understand that photographs are taken at Wildfire events. I give permission for photographs of my child(ren) to be used for Wildfire purposes only. I agree that photographs in which my child(ren) appears may be used in the following areas. **Please check any areas you DO NOT agree to:**

- |   |                                      |                                       |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bulletin Boards        | <input type="checkbox"/> Newsletters | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Promotions/Slide Shows | <input type="checkbox"/> Website     |                                       |

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

*VBS is our FREE gift to you. We believe in welcoming all to this amazing ministry. Through donations like yours this ministry is possible. The cost per child is \$25 for the week. We will gratefully receive any donation to ensure others can benefit from this wonderful ministry.*

I would like to give: \_\_\_ \$10 \_\_\_ \$15 \_\_\_ \$20 \_\_\_ \$25 Other \_\_\_\_\_

My donation is included with my registration (cash or check only).

## Medical & Health Information

I authorize my son(s)/daughter(s) to participate in all Wildfire's VBS activities (Bible Study, worship, crafts, snack, games etc.). I understand the risks of injury inherent to the activity in which my child is participating. I give permission for medical treatment to be obtained and administered to my child if necessary. I agree to reimburse the church, its pastors, staff, leaders or chaperones for any costs they incur while seeking medical treatment for my child.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_ Phone Number: ( \_\_\_\_ ) \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Clinic Name: \_\_\_\_\_  
Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

### **Health Info:**

Allergies: \_\_\_\_\_

Chronic Diseases (examples: Asthma, Seizure Disorders, Diabetes, Heart Problems): \_\_\_\_\_

Medications Currently Taking or uses Periodically: \_\_\_\_\_

State any Special Dietary, Medical, Health, Learning, Emotional or Special Needs of your child: \_\_\_\_\_

Is there anything you would like us to know to help make your child's education a safe and positive one? \_\_\_\_\_

Every child is a unique learner and we do our best to meet the individual needs of students. Would you like to schedule a meeting with a staff member in preparation of our program? Yes or No (circle one)

### **Authorization**

I authorize my child (ren) to attend the events associated with Wildfire VBS at House of Hope. In the event a medical emergency arises and the emergency contact or myself cannot be reached by phone, I authorize House of Hope and its agents to provide care for my child and make necessary medical decisions. I am aware of the Behavioral Covenant (below) and will support Wildfire staff in administering care/supervision, if behavioral expectations are not met. I further release House of Hope as well as all of its agents, members or employees, for all liability for any accident, injury or claim arising from my child's use of its facilities, or participation in any of its programs. Furthermore, I take full responsibility for any financial cost, which may be incurred, for the care of my youth.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Behavioral Covenant**

To ensure an outstanding Christian experience for everyone, we ask that all abide by the expectations:

- This is a drug free setting (including alcohol or tobacco).
- We maintain a safe and appropriate environment at all times.
- Participation in all group activities and appropriate participation in small and large group events.
- Respect group leaders, adults, peers, staff members, and facilities is expected at all times.
- A positive attitude and encouragement of others.

### **Church Office Use Only**

Family name: \_\_\_\_\_

Donation Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date \_\_\_\_\_