

Bethel Lutheran Church

VBS 2015: July 6th - 10th

Volunteer Registration Form

Fill out one (1) form per volunteer. T-shirt deadline is June 13th.

Print, sign, and return to Amanda Laughlin.

Volunteer 17 and under

Volunteer 18 and over

Volunteer's Name: _____

T-Shirt Size: _____

Adult Child

Address: _____, CA _____
Street City State Zip Code

Email Address: _____ Phone: _____

Parent's Name: _____ Phone: _____
(If 17 and under)

Emergency Contact: (other than parent) _____ Phone: _____

Food Allergies Please indicate which foods _____

Taking Medication Please indicate which medicines _____

Limitation(s) Please indicate any conditions _____

Name(s) of family members involved in VBS (if applicable): _____

Elementary:

Crew Leader / Assistant

Station Leader / Assistant

Preschool:

Crew Leader / Assistant

Station Leader / Assistant

General:

Other: _____

Do you have a small child (under 3) and need childcare? Please indicate which day(s) below.

Monday

Tuesday

Wednesday

Thursday

Friday

This release must be signed.

Photographs will be taken during the week. These photographs may be used for any purpose in any form or medium, including the Bethel Lutheran Church or Bethel Lutheran School websites (www.bethelcupertino.org or www.bethells.org). I waive any right to inspect or approve the finished product(s) or printed matter or internet matter that may be used with the finished photo.

I/We the parent(s) or legal guardian(s) of the named child hereby give permission for his/her participation in the Vacation Bible School program at Bethel Lutheran Church. I/We assume all risks and hazards incidental to the conduct VBS activities.

I/We release, absolve, indemnify, and hold harmless Bethel Lutheran Church, the organizers, sponsors, supervisors, employees, representatives, and any or all of them from any injuries me or my child may sustain as a participant in these activities.

I/We certify that my child is fully immunized as required for enrollment in California schools.

I/We grant authorization to a qualified doctor to render such treatment as deemed necessary under the circumstances.

I/We grant authority to Bethel Lutheran Church to verify the information printed above. My/Our signature(s) certify the accuracy of the information provided.

Signature of volunteer

Date

Signature of parent or legal guardian
(if volunteer is under 18 years of age)

Date

Mark your calendars for these important dates!

***Meeting & Set-up: Sunday, July 5th @ 12pm**

***VBS Sunday: Sunday, July 12th @ 10:30am**