



VBS 2018 REGISTRATION

July 23rd - 27th, 2018

At Rolling River Rampage VBS, your children will become Rafters and explore how to serve God and God's mission for their lives. The interactive Bible lessons will equip them for an active life with God. With Rafting Ready verses selected to remain with them after VBS is over.

- † **Preschool:** 2 year olds (with a full-time parent or adult caregiver) and 3 year olds (with a parent or adult caregiver on-site) experience all the fun of Rolling River Rampage in the comfort of their own classroom. Activities are modified to suite age and ability!
- † **4 year olds through 5th graders:** Kids from 4 to 11 years old will be in groups based on age and rotate throughout activity stations with guides. The Rolling River Rampage stations include Storytelling, Games, Snacks, Science, Crafts, and Outreach.
- † All groups start and end the day with closing reflection and worship in the Sanctuary.

Volunteering: We ask all parents to volunteer in our program in capacity. On the attached registration form there are a variety of opportunities listed to meet everyone's schedule. We do encourage parents to join us for the week and experience Rolling River Rampage VBS with their kids! We have free childcare available for children less than 2 years whose parents are volunteering.

Registration Checklist:

- Registration form attached (please make sure all children are listed including nursery)
- Health Form – one per child and on-site adult volunteer
- Volunteer's Covenant of Conduct Form – one for each adult volunteer
- Registration Payment

Please make checks out to SHLC. Please see the following page for registration cost information. Nursery is free of charge. Scholarships are available upon request. Please contact the children's ministry director.



| | |
|-------------|--|
| Church Only | |
| ___ PD | |
| ___ HF | |
| ___ BC | |
| ___ VP | |

Sammamish Hills Lutheran Church
Vacation Bible School 2018
July 23rd – 27th, 9am - Noon

Early Registration Deadline: June 15th
Late Registration Deadline: July 15th

Parent Name: _____

Street Address: _____ City/State: _____ Zip: _____

Cell Phone Number: _____ Email Address: _____

BIBLES: As part of our program, we give each child a Bible. We realize that many kids attended last summer and may not need a new one this year.

_____ Yes, my child/children would like a Bible!

_____ We received one last summer and will bring it with us to Vacation Bible School this year.

| Child's First Name | Last Name | Gender | Birthday mm/dd/yr | T-shirt (XS-XL) | Age | Home Church | Friend Request We try to honor one friend request |
|--------------------|-----------|--------|-------------------|-----------------|-----|-------------|--|
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Early Registration: \$45/child for the 1st & 2nd child and April 1 – June 15 families with 3 or more children pay only \$125 total

Late Registration: \$55/child for the 1st & 2nd child and June 16 – July 15 families with 3 or more children pay only \$155 total

Checks should be made out to: *SHLC*
 Scholarships are available by contacting the church office.

PRESCHOOL PARENTS:

- 2 year olds require a parent or adult guardian to attend the entire week with them.
- 3 year olds must have a parent/guardian volunteering on-site the entire week.
- Nursery is available at no charge for children under 2 years whose parents are volunteering (please list them on this form).

ATTENTION ALL PARENTS:

We require all parents to volunteer in some capacity to ensure the success of our program. There are a variety of options to accommodate your schedule. Mark your preference by placing an “X”, indicate your 1st and 2nd choice, and the days you are available to volunteer.

*Some options have pre-determined dates and times.

| X | Indicate 1st and 2nd Choice | Days Available | Volunteer Position |
|----------|--|----------------------------|---|
| | | Sat. 7/21 9am-noon | Prep Party (For parents who cannot help during the week) |
| | | Sun. 7/22 12:00-3:00pm | Set Up/Decorating |
| | | Mon. 7/23 8:00- 10:00am | Registration |
| | | Fri 7/27 11:00-1:00pm | Camp BBQ |
| | | Fri 7/27 1:00-2:00pm | Tear Down/Clean Up |
| | | | Nursery Volunteer |
| | | | Craft Station |
| | | | Games Station |
| | | | Snack Station |
| | | | Science Station |
| | | | Storytelling Station |
| | | | Outreach Station |
| | | Mon-Fri | Preschool Classroom Volunteer (All parents of 2-year-olds) |

Minor Medical Information, Consent, and Release of Liability

Church policy **REQUIRES** a completed form for **EACH** participating child under the age of 18 years.

Child's Full Legal Name: _____ Date of Birth: _____ Gender: Male | Female

Address: _____ City: _____ Zip: _____

Home Phone: _____

Parent(s) Name(s): _____ Work Phone: _____

Cell Phone: _____

Insurance Carrier (*photocopy of both sides of insurance card attached*) Phone Number: _____

Primary Insured Name: _____ Relationship: _____

Doctor's Name: _____ Phone Number: _____

Hospital of Choice: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Known Allergies: _____

Current Medication(s): _____

Physical / Mental / Developmental Needs: _____

Special Dietary Needs/Concerns: _____

Date of Last Tetanus Shot: _____

Medical Consent and Release: I, the Parent or Guardian, give permission for my child to attend off-site events, sponsored by Sammamish Hills Lutheran on and between the dates mentioned. I also understand that every effort will be made to contact me if my child needs medical treatment. If it is impossible to do so, I give my permission to medical personnel selected by the adult leadership to secure proper treatment; to transport, to hospitalize, order injections, anesthetize, x-ray or do surgery for my child. I do hereby release and forever discharge Sammamish Hills Lutheran from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Participant's involvement in a Sammamish Hills Lutheran activity or with the decision by any representative of Sammamish Hills Lutheran to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

Liability Release: I, the Parent or Guardian, will hold harmless Sammamish Hills Lutheran and its assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the above named participant's involvement in any Sammamish Hills Lutheran activity. This discharges Sammamish Hills Lutheran from liability or claim with respect to any bodily injury, personal injury, illness, death or property damage that may result from the Participant's activity with Sammamish Hills Lutheran whether caused by the negligence of Sammamish Hills Lutheran or its leaders, teachers, staff or committee members of otherwise. Sammamish Hills Lutheran does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical or disability insurance, in the event of injury or illness.

Photo Release: Sammamish Hills Lutheran may use, reproduce, assign, publish and/or distribute photographs or videos of myself/my child for use in materials they may create for the purpose of promoting Sammamish Hills Lutheran and its programs.

Other: The Parent or Guardian expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. The Parent or Guardian agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of the Release which shall continue to be enforceable.

Parent/Guardian: _____
(print name clearly)

Parent/Guardian: _____ Date: _____
(signature)



Sammamish Hills
LUTHERAN CHURCH

22818 SE 8th Street Sammamish, WA 98074
Phone 425-392-7799 | Fax 392-7897 | Web: www.shlc.org

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Hospital of Choice: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

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Name: _____

(Please print clearly)

2017-2018 Participant Covenant of Conduct

In all activities under the sponsorship and / or guidance of my church, I am a representative of the Christian community and I am responsible for my actions. I know God loves me. I will live a life in response to that love. I understand the guidelines below are ways of being responsible and loving.

1. I will respect the property of the facility and personal property of others. I will not be destructive.
2. I will not use drugs, alcohol or tobacco while participating in a church function, nor will I be in possession of them.
3. I will respect the ministry leader(s) and do as they ask.
4. I will respect the rights of others and not verbally or physically abuse or harm anyone.
5. I will participate to my fullest ability.

To Be Completed by Participant

I/We, _____,
have read this covenant and understand it. To the best of my ability I agree to abide by it. Should I break the covenant, I agree to accept the consequences decided upon by the ministry leader(s).

To Be Completed by the Parent(s) / Guardian(s) of the Participant(s)

I / We, _____,
have reviewed this covenant with my / our child and understand it. I / We support the ministry leader(s) and will be responsible for expenses incurred as a result of our child breaking the covenant.



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