

# Northpark Community Church Vacation Bible School

**June 28 - July 2, 2010**

**5:45 - 8:15pm**



**Ages 4 - Grade 6**

Cost: \$25

Includes t-shirt, CD, crafts, and snacks for the week.

Return registration form and payment to the table set up in the courtyard on Sunday or contact Pastor Larry in the church office, 322-7200 or [larry@northparkchurch.org](mailto:larry@northparkchurch.org).



Northpark Community Church - Vacation Bible School 2010

# HERO HEADQUARTERS™

**Dates: Monday, June 28 – Friday July 2**

**Time: 5:45-8:15pm**

Registration and Medical Release - Fill out 1 per child (please print clearly)

Child's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age \_\_\_\_\_ **Grade Just completed:** \_\_\_\_\_

Home Church: \_\_\_\_\_

My child would like to be in the same class as \_\_\_\_\_

**(Must be the same grade as your child)**

**Children will be assigned to the grade that they are coming FROM NOT the grade that they have been promoted TO.**

T-shirt size:  S(6-8)  M (10-12)  L (14-16)  XL **Adult Sizes:**  S  M  L  XL

Paid:  \$25.00  \$ \_\_\_\_\_ **Late fee (after June 20<sup>th</sup>)**  \$30.00 \_\_\_\_\_

**MEDICAL RELEASE:** (This will be kept on file from 6/02/10 thru 7/15/10)

By signing this form you are issuing a "Medical Release" for VBS '2010

To Whom it May Concern: I, the undersigned parent of \_\_\_\_\_, understand that my child is responsible for knowing the rules and regulations made by the Church and sponsors of all activities. It is expressly understood by the parents or guardian that the child for whom this registration is made is in a condition of health that warrants his or her participation in these events, and that the adult leaders of these activities are hereby granted permission to take the named youth to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said activity.

In consideration of this acceptance for said activities, said Church, its agents and employees are hereby released from all liability for accidents and injury to said youth arising from any and all activities of these events.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

**NOTE: Pictures will be taken during VBS.**

***I release these pictures to be used in further children's ministry promotions.***

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_