

**2016 VACATION BIBLE SCHOOL  
DEEP SEA DISCOVERY**

*Sponsored by Pennington Presbyterian Church, Pennington United Methodist Church,  
St. Matthew's Episcopal Church, St. James Catholic Church, and 1<sup>st</sup> Assembly of God Church*

August 1-5, 2016 from 9:15 am – 12:15 pm

Classes held at **Pennington Presbyterian Church** for ages 4 (as of October 1, 2016) through  
Grade 6

Snack is provided each day {if food allergy exists, please provide a snack for your child labeled with first and last name.}

Registration: \$25.00 per child (payable to Pennington Presbyterian Church)

**HOST CHURCH STUDENTS WILL BE ASSIGNED TO CLASSES  
FIRST.  
WE ARE ACTIVELY SEEKING VOLUNTEERS IN ORDER TO**

**WE REGRET LIMITATIONS ON CLASS SIZES. REGISTER EARLY.**  
(Please note: We are unable to accommodate "guest students" without prior registration and payment.)

Registration and Release Form is also available at [www.pennpres.org](http://www.pennpres.org)  
Please print forms, complete and mail with payment to Pennington Presbyterian Church,  
Attn: VBS, 13 South Main Street, Pennington 08534 before May 13th

Questions? David Hallgren (737-1221x15), Tracey Rogers (730-1020), Ashley Calhoun (737-0985),  
Nancy Lucash (737-0122x820), Frank Lovero (737-2282)

**.....  
PLEASE PRINT CLEARLY**

Child's name \_\_\_\_\_ DOB (MM/DD/YY) \_\_\_\_\_ Age \_\_\_\_\_  
Grade entering Sept. 2016:    Preschool    Kindergarten    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>  
E-mail (to be used to send class confirmation) \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parent's name \_\_\_\_\_ Church affiliation \_\_\_\_\_  
Parent cell phone \_\_\_\_\_ Parent cell phone \_\_\_\_\_  
Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies/medical concerns/food restrictions \_\_\_\_\_

**VOLUNTEERS ARE NEEDED!** If you volunteer, your child will definitely be enrolled. However, we are unable to assign parents to volunteer in the same classroom as their child. Childcare is available for volunteers' children.

Yes-days available \_\_\_\_\_ Childcare for \_\_\_\_\_ children    No-unable to help out

Return with Release Form and payment before May 13th to:  
Pennington Presbyterian Church, Attn: VBS, 13 S. Main St., Pennington, NJ 08534

**GENERAL RELEASE AND HOLD HARMLESS AGREEMENT – MINOR**

As the parent or legal guardian of \_\_\_\_\_ (the "minor"), who desires to participate in various programs, events or activities (hereinafter collectively referred to as the "Activities") hosted by Pennington Presbyterian Church, 13 South Main Street Pennington, NJ 08534-2818 ("the Church") for the week of August 1-5, 2016.

I understand and acknowledge that the Church will not allow the minor to participate in the Activities without releasing and holding the Church harmless from any liability arising out of participation in the Activities. I have investigated the risks involved in the minor's participation in the Activities and fully understand and assume such risks on his or her behalf.

I REQUEST THAT THE CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I further acknowledge and agree that I have given my consent for the minor to participate in the Activities and to remain in the custody of the Church's representatives while participating in the Activities.

This agreement is binding on the minor's heirs, successors, and personal representatives.

Initialed: \_\_\_\_\_

Parent/Legal Guardian

**MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY**

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort in medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint Pastor Nancy Mikoski or Associate Pastor of Christian Education, David Hallgren, as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me.

Specific medical allergies, chronic illness or other conditions: \_\_\_\_\_

Initialed: \_\_\_\_\_

Parent/Legal Guardian

**PROMOTIONAL RELEASE**

I do / do not (circle one) consent to the use of any videotapes and/or photographs in which my child may appear by the Church. I understand that these materials are being used for promotion of the Activities including Vacation Bible School program, which may include recruitment and fundraising efforts.

Initialed: \_\_\_\_\_

Parent/Legal Guardian

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Name (printed): \_\_\_\_\_