Registration for Bluffton Community VBS



Sunday, July 18th – July 22nd, 2021

Family Nights: Sunday, July 18th and Thursday, July 22nd

(To spread out, we have suggested a time for each family to come based on your last name.)

A-F 5:30-5:55, G-L 6:00-6:25, M-R 6:30-6:55, S-Z 7:00-7:25)

4-7 year olds: July $19^{th} - 21^{st}$ in person from 6-7:50p.m.

Hybrid nights: July 19-21st for ages 7 and up

(Packets will be given on Sunday for M,T, W sessions. Any leftover packets will be left at St. Mary's Catholic Church)

Masks must be worn if Ohio is still on a mask mandate in July.

VBS is held at: St. Mary's Catholic Church 160 N. Spring St. Bluffton, Ohio

Registration begins: May 17th, 2021

(Please drop off completed forms to St. Mary's' Catholic Church or First Mennonite)

Parent/guardian Name:		
Address:		
Phone Number:	E-mail:	
Emergency contact:	Phone number:	Relationship to child
Child's name:		
Date of birth:	Grade completed:	
Allergies, Food sensitivities, Medical C	conditions:	
I want my child(ren), who are	e 4-7, to participate in person on Ju	ly 19 th – 21 st

Child's name:		
Date of birth:	Grade completed:	
Allergies, Food sensitivities, Medical Conditions:		
Child's name:		
Date of birth:	Grade completed:	
Allergies, Food sensitivities, Medical Conditions:		

Consent For Medical Treatment of a Minor Child or Children:

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in the Bluffton Community Vacation Bible School, every reasonable effort will be made to contact the person listed on this form. If unsuccessful in contacting the person listed, consent/permission will be given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

Date: _____

Release of Liability:

I am the parent/guardian of the child or children listed on the Registration Form and I consent to my child's participation in the 2021 Bluffton VBS and assume all risks associated with my child or children's participation in the Bible School. Furthermore, for myself and child, I waive and release all claims of any kind or of any nature that may arise for the activities described herein and against the volunteers, teachers, and churches associated with the 2021 Bluffton BVS and furthermore agree to hold them harmless.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____

Release for photography: Please check one

I give consent to use my child's picture on Bluffton VBS's Facebook page.

I do not give consent to use my child's picture on Bluffton VBS's Facebook page.

VBS is sponsored by the Bluffton Area Ministerial Association. Participating churches include: Bluffton Presbyterian Church, Emmanuel United Church of Christ, English Lutheran Church, First Mennonite, First United Methodist Church, St. John's United Church of Christ, and St. Mary's Catholic Church