

Registration for
Bluffton Community Vacation Bible School



Sunday, July 17 – Thursday, July 21, 2022, 6-8pm

Age groups – Preschool (age 3 ½ and up), K-1st, 2nd-5th

VBS will be held at Bluffton Presbyterian Church 112 N. Main St. Bluffton, Ohio

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

Please scan and email completed form to dickjayne1@aol.com or drop off or mail completed forms to Bluffton Presbyterian Church (112 N. Main St.)

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 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.

Parent/Guardian Signature: _____ 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 2022 Bluffton Community 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 2022 Bluffton BVS and furthermore agree to hold them harmless.

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.