



Vacation Bible School
July 18-22, 2016
9 am to Noon

Youth VOLUNTEER Registration Form

Child Name: _____

Volunteer Position you'd like to help with: **Crew Leader** _____ **Crew Leader in Training** _____

Station Assistant ___ **Circle Choice:** Crafts / Games / Chadder / Bible Adventure / Spotlight Drama

Home Congregation: _____

Age: _____ Last School Grade Completed: _____

Name of Parent(s)/Guardians(s): _____

Address: _____

E-Mail Address: _____

Emergency Contact and Phone Number: _____
(During Vacation Bible School Hours)

Allergies/Medical Conditions: _____

I give my child _____ permission to participate in all Vacation Bible School activities, which may include being photographed or videotaped. I also give my permission for my child to receive emergency medical treatment if I cannot be reached.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Registration Fee: \$10 to cover materials and supplies.

Please make checks payable to **Our Saviour's Lutheran Church** and mail with the registration form(s) to:
Our Saviour's Lutheran Church, 160 Hill Farm Road, Fairfield, CT 06824.