

COMMUNITY LUTHERAN CHURCH

VACATION BIBLE SCHOOL

30322 Via Con Dios, RSM, CA

"The Way"

LIVING THE JESUS WAY!

EPHESIANS 5:1-2

AUGUST 6TH-10TH, 2018 9AM-12PM

VOLUNTEER



Name _____ Must be 6th grade or older (YES) or (NO)

How did you hear about VBS? _____

I would like to volunteer with: (circle choices) We will do our best to accommodate all requests

Sing & Play, Games, Kitchen assistant, Crafts, Bible Adventures, Community outreach or Crew leader, Parent crew assistant

Days available to volunteer: (Please circle) Monday, Tuesday, Wednesday, Thursday, Friday

Please share in a few sentences why you would like to volunteer

SPONSOR A CHILD FOR \$35 (We love to make VBS affordable for all children. Consider sponsoring a child. Thank you for your prayerful consideration)

Please turn forms into the Community Lutheran Church office, for questions and scholarship information, please contact Josiah at Josiahclcrsm@gmail.com or (949) 858-0307

\$10.00 for the T-shirt.

T-shirt size SM _____ MED _____ LG _____ XL _____ XXL _____

Release form on back

Parent/Guardian Authorization & Release Form for Emergency Medical Treatment
Photo and video release form

The undersigned does hereby give permission, _____, to attend and participate in activities sponsored by Community Lutheran Church, Rancho Santa Margarita, CA, and further authorizes, as parents (or guardians) the Pastor(s) and/or the adult advisors to act as patrons for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act, or to administer such medical first-aid or assistance as might be required for the immediate care of our child in the event such help of any emergency nature becomes necessary and we cannot be reached.

In no event will Community Lutheran Church, its pastors, advisors, or representatives be held liable for any first-aid or surgical treatment or procedures performed pursuant to this authorization. The undersigned shall be liable and immediately pay all costs and expenses incurred in connection with such medical services rendered to the aforementioned child pursuant to this authorization.

The undersigned, for themselves or any representatives, fatly and forever release and discharge the driver of the vehicle in which the aforementioned child may be riding while engaged in activities sponsored by Community Lutheran Church, from any and all claims, demands, actions, causes of action, suits and liabilities of every kind and nature, and do hereby agree to be solely responsible and liable for the aforementioned child.

Parent/Guardian's name: _____ Signature: _____ Date: _____

Home Address: _____ City: _____ State: _____

Phone number: _____ Cell: _____ Email: _____

Student Birthdate(s): _____

Emergency contact name: _____ Phone number: _____

Emergency contact name: _____ Phone number: _____

MEDICAL INFORMATION

Family Physician Name: _____ Phone: _____ Date of last tetanus shot: _____

Current Medications? YES NO If yes, please explain:

Known medical problems: _____

Known allergies: _____

Any additional comments: _____

FOR INSURANCE PURPOSES

Parent/Guardian employed by: _____ Position: _____

Employer's address: _____ City/State: _____ Zip: _____

Insurance Company: _____ Policy Number: _____

I hereby authorize Community Lutheran Church to publish photographs/videos taken of me and/or the undersigned minor children, and our names, for use in Community Lutheran Church's printed publications and website. I release Community Lutheran Church from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Community Lutheran Church to use their photographs/videos and names. I acknowledge that since participation in publications and website produced by Community Lutheran Church confers no rights of ownership whatsoever. I release Community Lutheran Church and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Parent/Guardian Signature _____