



## ***Maker Fun Factory***

### **Vacation Bible School**

Senoia United Methodist Church

June 19 –23, 2017, 6:00-8:30PM

VBS Celebration Sunday, June 25, 11am

#### **Parent Letter**

Dear Parents,

We are thrilled you've decided to have your child join us for VBS 2017 at Senoia United Methodist Church. You can rest assured your child will be well taken care of. Here's a little more about our theme this year:

During "Maker Fun Factory" VBS your child will learn more about how they are created by God and built for a purpose. From imagination station to Bible discovery, children will explore together what it means to be created by God. Each day will have a Bible point, a key Bible verse, and a Bible story to help them explore God's creative work in their lives. *VBS is for children from completed Pre K-5 & is free of charge!*

#### **Our Daily Focus:**

**Monday** - God Made You

**Tuesday** - God is For You

**Wednesday** - God is Always With You

**Thursday** - God Will Always Love You

**Friday** - God Made You For a Reason

**Sunday (June 25):** Join us for our VBS Celebration Sunday at 11am in the Sanctuary.

#### **What Do You Need to Do?**

Attached you will find a **Consent and Waiver** form that **MUST** be filled out before your child will be allowed to participate. Please fill out the form completely and sign. Please turn them in at the registration table on the first night you arrive for VBS . To ensure a speedy first night check-in we ask that you Pre-register each child through the church website ([senoiaumc.org/vbs](http://senoiaumc.org/vbs)). **In addition, please be aware that VBS starts each night at 6pm. We ask that all children be dropped off by 5:45pm to ensure we are able to begin by 6pm.**

We Look Forward to sharing in this journey with you and your child!

In Christ,

Erik Mays, Pastor

**Senoia United Methodist Church**  
**Children Consent and Waiver Form**

Full Name of Child/Participant \_\_\_\_\_ Member of SUMC Yes    No  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Grade (most recently completed): \_\_\_\_\_  
Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_  
Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

**Functions and Activities**

I give my permission for my above named student to attend and participate in activities, programs, and trips sponsored by Senoia United Methodist Church from January 1, 2017 through December 31, 2017 (unless otherwise noted in a separate permission form). Prior to my participation or the participation of my student, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability**

By signing this Consent and Waiver Form, I expressly warrant that the student or participant named above is capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the student or the participant in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my student may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the students' or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers or agents from any and all claims arising from such participation or as a result of injury to or illness of the student or participant that occurs while participating in the above described activities, programs, and trips from January 1 through December 31<sup>st</sup>, 2017.

**Permission to Use Photos, send Emails or Text Messages**

I give permission for the church and or its representatives (minister, staff, leadership, volunteers, etc.) to take photos of my child. Senoia United Methodist Church reserves the right to use said photos in church publications such as church newsletters, church website, or other church related needs. Please note, that Senoia United Methodist Church will do all it can to only use children from church related families in such publications. By signing below, I am also acknowledging that Senoia United Methodist Church cannot be held responsible for third parties who use cellphones, cameras, or other devices to take pictures in public. I also give permission for the church to contact me or my child via emails and/or text messages as a means of communication other than just telephone calls. I furthermore understand that the church will not use these means in an inappropriate way.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the student named above, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. Every reasonable effort will be made to contact the persons listed on this form. If unsuccessful in contacting the persons listed, consent/permission is hereby given for treatment by competent medical personnel. I authorize an adult, in whose care the student has been entrusted, to consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the provisions of the Medical Practice Act by the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I understand that Senoia United Methodist Church does not carry accident or medical insurance on participants or volunteers and that my insurance company will be used for such medical care expenses. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

**(Please see other side for additional information)**

**Name of Child / Participant** \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Medical History**

Include special medical needs or concerns such as asthma, allergies to medicines/foods/animals/etc., health conditions, past surgeries, dietary needs, etc.

\_\_\_\_\_

\_\_\_\_\_

**Medications** Student/Participant \_\_\_\_\_ IS NOT \_\_\_\_\_ IS currently taking medications.

Include ALL medicines the student/participant takes on a regular basis. All medicines must be in labeled containers.

\_\_\_\_\_

\_\_\_\_\_

**Other Information**

Include information the leaders should know about the student or adult participant.

\_\_\_\_\_

\_\_\_\_\_

**If Participant is a Minor**

I represent that I am the parent/guardian of the student listed above, who is under 18 years of age. I have read the above Consent & Waiver Form and am fully familiar with the contents thereof. I give permission for the student named above to participate in the activities of this church as described above. I hereby consent to Consent and Waiver Form, including the Release of Liability above, on behalf of the student, and agree that this Consent and Waiver Form shall be binding upon me and my estate.

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

**Adult Volunteers, Participants and Employees**

As an adult volunteer, participant or church employee, I hereby agree to each of the Consents and Waivers listed above, including the Release of Liability, as pertaining to my own participation in these activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_