



VBS Registration Info and Checklist

Registration Task Checklist

- 1) Register your participants and youth helpers using the Google Form on our website <https://gracelutheranlibertyville.org/vbs/>
- 2) Complete the permissions and release forms below for youth helpers and participants. Either complete these forms electronically by clicking "Submit Forms" at the bottom of this page **OR** print and take a photo or scan the first two pages and email these forms to gracevbs501@gmail.com or drop them off at the church office M-F from 9-2.
- 3) Submit your payment electronically (info and link at the bottom of this page) or by check which you can drop off at the church office M-F from 9-2.
- 4) If you have any medication, these need to be dropped off at the church office M-F from 9-2. These medications need to be dropped off during the week 6/5-6/9 so we are aware of the dosing instructions. Please do not drop off medications during check-in.

Important Dates

If the release forms and payment are not received by the dates below your spot may be bumped for those on the waiting list.

4/10 - Registration opens to the public

5/8 - Permission and Medical Release Forms are due.

5/8 - Payment Due

6/5-6/9 - Drop off any medications to the church office from 9-2

6/12 - Day 1 plan to arrive around 12:45 for check in

6/13-6/16 - Day 2 - Day 5 doors open at 12:50

Payment

Participant - cash, check, or credit card. \$40/child. 3 or more children in a family a max of \$100.
Youth Helper - cash, check, or credit card. \$20/child which includes your t-shirt and snacks.

How to pay

Cash or Check made out to Grace Lutheran Church with memo "VBS" and drop off at the church office M-F from 9-2.

OR

Credit Card - Click "Pay Here" below to pay or use this link <https://bit.ly/3qjfdWu>. You will be sent to PayPal, which you can use your credit card to pay and does not require you to set up an account to use. For the field "Use this donation" select "VBS" in the drop-down menu.

← Click to the left to submit the completed forms below electronically or print the forms, sign, then take a photo and email them to: gracevbs501@gmail.com



Last Name: _____

Participant's First Names: _____

Youth Helper's First Names: _____

VBS 2023 Permissions Release Form

AUTHORIZED PICKUP PEOPLE

For all participants and youth helpers, please provide the name and phone # for anyone who can pick up your children including yourself below. **Youth Helpers only** have the option to bike or drive home alone, you can put an "X" at the prompt lower in the form and you do not need to list a name/phone number below for them, but please still provide the name/phone number for all participants in the family.

Name & Phone Number

1. _____
2. _____
3. _____
4. _____
5. _____

Youth helpers can bike/drive home alone _____

PHOTOGRAPHS/SOCIAL MEDIA

I hereby grant permission for my child to be included, unnamed, in pictures connected with the program. I relinquish rights to the finished photos. I hereby grant permission for my child to be included in student pictures featured on Grace Lutheran Church web pages and/or Social Media pages. In no case shall a student's name, home address or telephone number appear in conjunction with any website or social media publication.

Photos Yes _____ No _____

Social Media Yes _____ No _____



Last Name: _____

Participant's First Names: _____

Youth Helper's First Names: _____

VBS 2023 Medical & Liability Release Form

MEDICAL

I, the undersigned parent(s)/guardian(s) of the children listed above, do authorize staff members of Grace Lutheran Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I also authorize the VBS leaders to treat injuries with basic First Aid procedures such as soap and water for cleaning, using ice in preventing swelling, or Band-Aids to protect small cuts. We acknowledge that the church has no medical staff on site to administer medication or treatment and the VBS team will do its best to provide appropriate medical care. I further release from any liability Grace Lutheran Church or any of its volunteers and staff in the event of an accident en route, during, and returning from medical treatment.

LIABILITY

I hereby grant permission for my child to use all play equipment and participate in all the activities with the VBS program at *Grace Lutheran Church*. The church, staff, and the VBS volunteers are not liable for any accidental injury, or illness, for any persons, on and off, Grace Lutheran Church property.

Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

If the Adobe signature above does not work, you can print and sign the forms.

Emergency Contact (If parent or legal guardian is not available.)

Emergency Contact Name & Relation: _____

Emergency Contact Phone Number: _____

Grace Lutheran Church

501 Valley Park Drive, Libertyville, IL 60048

E-Mail: gracevbs501@gmail.com