

Word of Life Lutheran Church  
*presents*  
**G-FORCE VBS**

**July 27-31**  
9 a.m. to 11:30 a.m.

VBS Closing Program presented at 6:00 p.m.  
**Friday, July 31, 2015**

At *G-FORCE ADVENTURE PARK*, your children will discover an interactive, energizing, Bible-based program that will give them an opportunity to experience God's love in action. During Vacation Bible School at *G-FORCE: GOD'S LOVE IN ACTION*, your children will become Navigators and explore how to serve God and others with active love.

"In God we live, move, and exist." Acts 17:28a

*Attached, you will find the following forms to be returned:*

**Registration, Fees & Waiver Form**  
**Camper Registration Form (specific)**

Complete and return the registration forms, with your registration fee. The fee covers the cost of snacks, crafts, a t-shirt, as well as other miscellaneous costs associated with our program. We will be offering CDs of the VBS music and class photos again this year. If you would like to take advantage of these souvenirs— indicate the amount on the registration form and **include the cost with your registration fee at the time of registration**. Please note that class placement is based on *the grade your child will be entering in the 2015-2016 school year*. Registrations will be handled on a first come, first served basis. Welcome/confirmation emails will be sent out two weeks prior to the start date. Phone calls will be made to those who register after classes are full.

**Volunteer Form**

Take a moment to look over the volunteer form. Prayerfully consider your personal time and talents. You can help us to bring Jesus' love to young hearts. We couldn't run this awesome program without volunteers just like **YOU**. In previous years we have utilized more than fifty volunteers. That means **we need you**. Any help you can offer, large or small, is greatly appreciated! Join the fun and watch your children enjoy learning about the love of God. One of the leaders will contact you with their needs and wishes in the near future. **Thank you in advance!!**

**VBS Coloring Poster (optional)**

Your child can help decorate the church halls. Have your child color the attached VBS poster and return it to church. Don't forget to sign it.

The registration form, registration fee, volunteer form, and poster need to be returned to the box on the table in the foyer. **Thank you in advance for all of your help!** Once again, thank you for your interest and support in our Vacation Bible School. We look forward to sharing Jesus' Love with you and your child at **G-Force VBS**.

Questions? Please contact Word of Life's church office at (630) 355-9655.

**\*\*You can keep this page for your records.\*\***

Word of Life Lutheran Church VBS 2015  
G-FORCE  
**Registration, Fees and Waiver Form**

|                     |
|---------------------|
| FOR OFFICE USE ONLY |
| REG # _____         |
| CHECK # _____       |
| AMOUNT _____        |
| DATE _____          |
| CASH _____          |
| DONATION AMT _____  |
| CHECK # _____       |

**Workshop of Wonders** is open to any child age 3 (by January 1, 2015) through 5<sup>th</sup> grade. Middle school youth, and older are encouraged to volunteer as assistants.

For registrations/payments made **before** June 22<sup>nd</sup>, cost is **\$25.00 per child**. After June 22<sup>nd</sup>, the cost is **\$30.00 per child**. Note that we cannot guarantee your camper will receive a t-shirt or CD for any registrations received after June 22<sup>nd</sup>.

**Space and materials are limited.** Registration is on a first come, first served basis. Please note that class placement is based on the *grade your child is going into for the 2015-2016 school year for class placement.*

**Family Information**

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work (or) Cell Phone: \_\_\_\_\_

Emergency contact during VBS: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail (*please print*): \_\_\_\_\_

*(Please note: We are trying to send daily notes and info. via email. If you do not have access to an e-mail account, please indicate that. Your email information will be kept private and only used for this years' VBS related correspondence.)*

|                                     | No.                              | Fees                     |                  |
|-------------------------------------|----------------------------------|--------------------------|------------------|
| <i>Tell us about You</i>            | CD of the VBS music              | # of CD's                |                  |
| _____ <i>WOL Member</i>             | Souvenir class photo             | # of children registered | x \$ 3.00 =      |
| _____ <i>No Church home</i>         | Tuition ( <b>BEFORE</b> June 22) | # of children registered | x \$ 1.00 =      |
| _____ <i>First time at WOL VBS?</i> | Tuition ( <b>AFTER</b> June 22)  | # of children registered | x \$25.00 =      |
| _____ <i>Other Church Home</i>      |                                  |                          | X \$30.00 =      |
| _____ <i>Name</i> _____             |                                  |                          | <b>TOTAL DUE</b> |

*(You may write one check payable to Word of Life Lutheran Church for the total amount due.)*

**HOLD HARMLESS AGREEMENT**

Please read this form carefully and be aware that in registering yourself and/or your child/ward for participation in the above program, you will be waiving and releasing all claims for injuries you and/or your child/ward might sustain arising out of the above program.

I recognize and acknowledge there are risks of injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which my child/ward and/or I may sustain as a result of participating in any activities connected with and/or associated with any such program(s). I waive and relinquish all claims my child/ward and/or I may have against Word of Life Lutheran Church and its officers, servants, volunteers, and employees as a result of participating in the above program. I hereby fully release and discharge Word of Life Lutheran Church and its officers, servants, volunteers, and employees from any and all claims from injuries, damage or loss which my child/ward and/or I may have or which may accrue to me and/or my child/ward on account of my participation or the participation of my child/ward in the above program. I further agree to indemnify and hold harmless and defend Word of Life Lutheran Church and its officers, servants, volunteers, and employees from any and all claims resulting from injuries, damages and losses sustained by me and/or by my child/ward, and arising out, connected with, and/or in any way associated with the activities of the program. This indemnification and hold-harmless agreement does not apply to claims for intentional misconduct or gross negligence.

I have read this waiver and understand my signature is required below in order to participate in Word of Life Lutheran Church's Vacation Bible School Program.

**Signature of camper's parent/guardian, or adult participant** \_\_\_\_\_ **Date** \_\_\_\_\_

Word of Life Lutheran Church VBS 2015  
**Camper Registration Form**

**FAMILY (LAST) NAME:** \_\_\_\_\_

Camper 1 First Name: \_\_\_\_\_  Boy  Girl

Birth Date: \_\_\_\_\_ Age at VBS: \_\_\_\_\_

2015-2016 School Grade: \_\_\_\_\_

| T-Shirt Size |                  |
|--------------|------------------|
|              | Youth 6-8 (S)    |
|              | Youth 10-12 (M)  |
|              | Youth 14-16 (L)  |
|              | Youth XL/Adult S |
|              | Adult M          |
|              | Adult L          |

Does your child have any medical/special needs or food allergies?(Briefly describe course of action and symptoms)

Camper 2 First Name: \_\_\_\_\_  Boy  Girl

Birth Date: \_\_\_\_\_ Age at VBS: \_\_\_\_\_

2015-2016 School Grade: \_\_\_\_\_

| T-Shirt Size |                  |
|--------------|------------------|
|              | Youth 6-8 (S)    |
|              | Youth 10-12 (M)  |
|              | Youth 14-16 (L)  |
|              | Youth XL/Adult S |
|              | Adult M          |
|              | Adult L          |

Does your child have any medical/special needs or food allergies?(Briefly describe course of action and symptoms)

Camper 3 First Name: \_\_\_\_\_  Boy  Girl

Birth Date: \_\_\_\_\_ Age at VBS: \_\_\_\_\_

2015-2016 School Grade: \_\_\_\_\_

| T-Shirt Size |                  |
|--------------|------------------|
|              | Youth 6-8 (S)    |
|              | Youth 10-12 (M)  |
|              | Youth 14-16 (L)  |
|              | Youth XL/Adult S |
|              | Adult M          |
|              | Adult L          |

Does your child have any medical/special needs or food allergies?(Briefly describe course of action and symptoms)