



# SHIPWRECKED Rescued by Jesus

## VBS 2018 at Hope Lutheran

At Shipwrecked VBS, kids discover how Jesus rescues us through life's storms. Shipwrecked is filled with incredible Bible-learning experiences kids see, hear, touch and even taste! Team-building games, cool Bible songs and tasty treats are just a few of the standout activities that help faith flow into real life. Plus, we'll help kids discover how to see evidence of God in everyday life -- something we call God Sightings. Plan to invite a friend also.

**WHERE** • Hope Lutheran Church,  
700 So. Superior St., De Pere, WI

**WHEN** • July 29 – Aug. 2, 2018 –  
Sunday to Thursday, 6:00-8:30 pm  
(an early pickup at 8:10 will be made  
available for parents of preschoolers, if  
interested)

**WHO** • Ages 3 (as of September 1,  
2018 and potty-trained, please) – 12  
(through current 5th grade)

**COST** • Each student will receive a T-shirt. Therefore we request a donation of \$10.00 per child, payable to Hope Lutheran Church. Please note size of T-shirt below. (Choose from Youth: Small, Medium or Large or Adult: Small, Medium) Scholarships are available for anyone not able to consider the donation. Contact Kim T at 360-1401

**EARLY REGISTRATION** • If you register prior to June 3, a family will receive one music CD of SHIPWRECKED songs. CDs will sell for \$10.00 after this date

**ENROLL NOW** ... by returning this enrollment form to Kim T at 700 South Superior Street, De Pere, WI 54115 ... or to the registration station at church by **July 1, 2018**

Name (First, Last)	Birthdate	Age	Grade Just Completed	T-shirt size
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Parent/Guardian** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Home Church** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Text** **Yes / No** \_\_\_\_\_ **Email** \_\_\_\_\_

For further information, contact Kim Thompson at 360-1401

Complete reverse side

# MEDICAL RELEASE / LIABILITY FORM

For the child(ren) listed individually on the front page of this sheet

Parent/Guardian's Name

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Parent/Guardian's Home Phone

Work Phone

Cell Phone

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Please list any allergies

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Are there any medical conditions we need to be aware of?

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Please note: This is for information/records purposes only. Please communicate any allergies or medical conditions verbally to your child(ren)'s teacher the week of VBS. Thank you.

## EMERGENCY INFORMATION

Health Insurance Co.

Policy #

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Name of other person to contact

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Relation to child

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Address

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Home Phone

Work Phone

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Family's Doctor's Name

Phone

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In consideration for being accepted by Hope Lutheran Church for participation in Vacation Bible School, we (I) being 21 years of age or older, do for ourselves (myself) (and on behalf of my child(ren)-participant(s) if said child(ren) is (are) not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Hope Lutheran Church and the directors thereof from any and all liability claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child(ren)-participant(s) that occur while said child(ren) is (are) participating in the above activity.

Furthermore, we (I) agree (and on behalf of our (my) child(ren)-participant(s) if under the age of 21) hereby assume all risk of personal injury, sickness or death, damage and expense as a result of participation in recreation and various activities throughout Vacation Bible School. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by

said church as the result of negligent, willful or intentional acts of said participant, including expense incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this (these) participant(s), and hereby grant our (my) permission for him (her) (them) to participate fully in Vacation Bible School and hereby give our (my) permission to take said participant(s) to doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume the cost of medical bills, if any.

We (I) have read the above statement and we (I) are (am) in full agreement.

SIGNATURE

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DATE

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## WEBSITE / PHOTO PERMISSION

I hereby grant permission to Hope Lutheran Church, De Pere, Wisconsin to use my image on its website or other church related websites or in other church publications without further consideration. Permission is also granted to use images of my child(ren) listed above. I understand that no names will be used on the website or in publications unless specific permission, verbal or written is given to an appropriate staff member.

I understand that once any image is posted to Hope's website or the related websites, the image can be downloaded by any computer user around the world. I hereby attest that I am the legal parent or guardian of the child(ren) listed on this form.

This consent is effective until such time as I revoke it in writing and provide a copy of the revocation to Hope Lutheran Church.

- I do grant permission for my photo or my child(ren) to be used in this manner.
- I do NOT grant permission for my photo or my child(ren) to be used in this manner.

Group photographs do not require consent before publication.

If you have questions regarding this policy, please contact secretary at [hopedeperesecretary@gmail.com](mailto:hopedeperesecretary@gmail.com)