

Spirit of Peace and St. Elizabeth Present

God's
Great



Science Lab

June 25th - 28th



9:00 am to 12:00 pm

Rising Pre-K - Rising 4th Grade

FREE



God's Great Science Lab

St. Elizabeth & Spirit of Peace Churches

VBS Location: 16491 Hwy 144, Richmond Hill, Georgia

Registration

We are looking forward to sharing Vacation Bible School with your children. This year we will be exploring Christian faith through the lens and language of the gift of science. Below are a few reminders which will assist with providing for your child's safety, fun and rich experience. In addition to Bible storytelling, crafts, music, games and snack, we are pleased to offer the unique VBS experience of incorporating gymnastics into our faith program. Supervision of small groups for 20 min. sessions each day will be offered by Sherri Page, Owner/Operator of Richmond Hill Gymnastics and a qualified FIG (Federation of International Gymnastics) Level I Coach. The registration below offers you the opportunity to opt out of the gymnastics sessions.

- VBS will be held June 25 – 28 (Tuesday – Friday), 9:00 am – 12:00 pm. **(The start day is Tuesday.)**
- Please sign-in and sign-out your child each day. If someone other than a parent will be picking-up your child, please inform us at drop off and indicate the name and telephone number of the person picking-up on the sign-in list
- Please apply sunscreen and/or insect repellent to your child prior to check-in at VBS and/or be sure your child is wearing clothing necessary to protect against sun exposure and insect bites.
- VBS staff will not administer any medication to your child (except when an auto-injector is indicated below.) If your child requires medication during VBS, please make arrangements with VBS staff for you or your designee to administer medication.
- Please complete and return this registration form to the Spirit of Peace or the St. Elizabeth church office.

Child's Name: _____

Age/DOB: _____

Parent name, email, and phone: _____

Child's favorite activities & interests: _____

Any medical/behavioral conditions: _____

Allergies: _____

In case of emergency we will contact: _____

Additional contact(s): _____

Doctor's Information: _____

Please indicate with an "X" **AND** your initials in the spaces provided preceding your choice regarding participation in gymnastics sessions.

The child noted above **MAY participate** in the gymnastics sessions.

The child noted above **MAY NOT participate** in the gymnastics sessions.

The undersigned authorizes St. Elizabeth Episcopal Church and Spirit of Peace Lutheran Church designees to administer first aide as necessary (including auto-injectors as indicated above), assist children with inhalers (as indicated above), and authorize emergency treatment rendered at the nearest hospital/urgent care facility to the minor named above during the VBS operating hours noted above.

The undersigned hereby, irrevocably indemnify and hold St. Elizabeth Episcopal Church, Spirit of Peace Lutheran Church and Richmond Hill Gymnastics Academy/ Sherri Page LLC and/or any of their employees, volunteers, coaches or agents harmless against claims of injuries, loss or damage from any cause arising from participating in the VBS program referenced above. The undersigned also acknowledges the inherent risks and dangers associated with participating in gymnastics and that further information is available from the gymnastics coach on site.

Further, authorization is given to use in approved publications both digital images and/or audio recordings of the minor named above and of whom the undersigned are the parent or guardian.

Parent/Guardian Signature and Date: _____