



SHIPWRECKED

VACATION BIBLE SCHOOL DAYCAMP

July 9-13, 2018

Registration
Deadline:
JUNE 27

First United Methodist Church
317 N Fourth Street, DeKalb, IL 60115
Phone: 815-756-6301

YOUTH VOLUNTEER

7th—12 graders

Name	Gender	Grade entering Fall 2018	Birth date	t-shirt size Circle one	Health Considerations/ Medications
				AS AM AL AXL	
				AS AM AL AXL	
				AS AM AL AXL	
				AS AM AL AXL	

Parent:		Home #:	
Family address:		Cell or work #:	
Email:			

Additional Contact:

Name: _____ Relationship to child: _____

can be reached: _____

	# of youth enrolled		Cost per youth	Grand total
Youth Registration (must be entering 7th grade fall 2018)		X	\$20	

*Please see reverse side for additional information on bussing, training and photography.

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RESCUED BY JESUS

Youth's name/Family name: _____

First United Methodist Church's Vacation Bible School is a daycamp which takes place at Walcamp in Kingston, Illinois. Your child(ren) may be dropped off and picked up directly at the camp location (32653 Five Points Rd., Kingston) or may ride the bus from the church. If your child(ren) need(s) bus transportation, please complete the **bus** information:

8:40 drop off / 3:15 pick up at First UMC

Bus	NO BUS NEEDED	everyday	Mon	Tues	Wed	Thurs	Fri
<u>TO CAMP</u> (From First UMC to Walcamp)							
<u>FROM CAMP</u> (From Walcamp to First UMC)							

Training

Youth must attend one training session to be eligible for participation as crew leader or junior crew leader.

I will attend the first training session on **Sunday, June 24, 2018 at 11:00 am**

I will attend the second training session on **Wednesday, June 27, 2018 6:30 pm**



Lunch

- I will provide my child(ren) with a lunch each day at camp
- My family participates in the SLAM program and I am requesting a lunch for my child(ren) each day at camp. Lunches will consist of peanut butter sandwich, fruit, drink, and snack

As parent/guardian of the above listed child(ren) I authorize the participation of, and accept responsibility for the attendance of my child(ren) at First United Methodist Church's Vacation Bible School Daycamp, **July 9-13, 2018**. I certify that my child(ren) is/are in good health, and hereby authorize accompanying chaperones to act for me, according to their best judgment, in an emergency requiring medical attention. In addition I understand that my child(ren)'s photograph or video may be taken during the event. I hereby grant permission to First UMC to use my child(ren)'s photograph or likeness in any publicity or promotional publications, and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

I authorize photography of my child(ren). I do not authorize photography of my child(ren).

Signature of Parent _____

Date _____

Office Use Only:

Date: _____

Amount: \$ _____

Cash/Ck # _____

Received by: _____