# GOING WILD with JESUS

## 2026 Vacation Bible School Registration and Waiver Release Form

**Date: August 3, 2026 through August 7, 2026**

**Time: 6:00 pm – 8:30 pm**

**Location: Faith Connection Church; 14101 W. Joliet Road; Manhattan, Illinois 60442**

**Arrival between 5:45PM and 6PM** for Check-in/Registration. **$10.00 per child, $5 each additional child in family; payable by 1st day**

| Child's Name (Last, First) | Birthdate | Last Grade Completed |
|---|---|---|
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| | | |
| | | |

**Parent/Guardian Name(s)**_____

**Address** _____

**Home Phone** _____**Cell Phone** _____**Work**

**Phone** _____

**Parent email**_____

**Name of Church Membership: _____ (not required to attend VBS)**

**LIABILITY RELEASE:** In consideration of **Faith Connection Church** allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless **Faith Connection Church,** its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims, or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever that may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless **Faith Connection Church**, its directors, employees, volunteers, and agents from any and all liability, claims, or demands for accidental personal injury in the process of transportation.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

**PHOTO/VIDEO PERMISSION:** I **DO / DO NOT** (*circle one*) give my consent to **Faith Connection Church** to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless ] **Faith Connection Church** from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at **Faith Connection Church** Vacation Bible School. **None of the photos will be for personal use.**

I hereby give permission for my child(ren) to participate in Vacation Bible School at **Faith Connection Church** on August 3, 2026 through August 7, 2026.

**Parent/Guardian Signature** _____ **Date** _____

**Complete the following for each child in the family. (please copy if you need more forms)**
***All information will remain confidential to Vacation Bible School staff.***

**Child's Name** _____ **Medical Insurance** YES___ NO___

**Insurance**

**Company** _____ **Policy/GroupID#** _____

**Allergies, Medications, and/or Medical Conditions** _____

_____

_____

**Activity restrictions** _____

**Parent/Guardian phone number(s)** _____

**Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:**

**Name(s)** _____

**Contact Phone** _____

**People authorized to pick up my child** _____

_____

**Child's Name** _____ **Medical Insurance** YES___ NO___

**Insurance**

**Company** _____ **Policy/GroupID#** _____

**Allergies, Medications, and/or Medical Conditions** _____

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**Activity restrictions** _____

**Parent/Guardian phone number(s)** _____

**Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:**

**Name(s)** _____

**Contact Phone** _____

**People authorized to pick up my child** _____

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**Please return the completed Registration and Waiver Release Form to:**
**Faith Connection Church VBS,**
**14101 W. Joliet Road Manhattan, Illinois 60442**
**Or email** pastor.faithconnectionwc@gmail.com

******PLEASE RETURN by Sunday, August 2, 2026**