ST. MARK'S PRESBYTERIAN CHURCH, USA
22111 Chagrin Blvd., Beachwood, OH 44122 | 216-751-3190
www.stmarkscleveland.org

2026 INTERGENERATIONAL VBS

REGISTRATION FORM

Monday, August 3 - Friday, August 7, 2026 | 6:00-7:30 PM

Dinner begins at 5:30 PM. Please arrive on time.

PARTICIPANT INFORMATION

Name (Last, First)	Age	Birthdate	Relationship / Grade or Adult

HOUSEHOLD AND CONTACT INFORMATION

Street Address

City **State** **ZIP Code**

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

Email Address

EMERGENCY CONTACT

Name **Phone Number**

Relationship to Participant(s)

MEDICAL, INSURANCE & SAFETY INFORMATION

Complete the information below for all registered participants. Attach a separate sheet if additional space is needed.

MEDICAL INSURANCE

Does the participant/household have medical insurance?

☐ Yes ☐ No

Insurance Company

Policy / Group ID Number

ALLERGIES, MEDICAL CONDITIONS AND MEDICATIONS

List separately for each participant, including food allergies, medications, mobility needs, or other important health information.

TETANUS AND ACTIVITY RESTRICTIONS

Date of last tetanus shot (list for each participant)

Activity restrictions or accommodations

AUTHORIZED PICKUP AND TRANSPORTATION

Names of adults authorized to pick up participant(s)

Transportation notes or restrictions

AUTHORIZATIONS, RELEASES & SIGNATURES

Please review each section carefully and sign where indicated.

LIABILITY RELEASE

In consideration of St. Mark's Presbyterian Church allowing the above-named persons to participate in VBS activities, I release, forever discharge, and agree to hold harmless St. Mark's Presbyterian Church, its directors, employees, volunteers, and agents (collectively, "the Church") from liability, claims, or demands for accidental personal injury, sickness, death, property damage, or related expenses that may be incurred by the undersigned or the participant(s) while involved in VBS. On behalf of myself and any minor child(ren), I assume the ordinary risks associated with participation in VBS activities. This release also applies, when necessary, to transportation to and from the VBS location.

Parent / Guardian or Adult Participant Signature _____ **Date** _____

MEDICAL TREATMENT PERMISSION

I authorize an adult entrusted with the care of the minor participant(s) to consent to emergency x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care under the supervision and advice of a licensed physician or dentist at a licensed hospital or emergency care facility. I understand that the undersigned is responsible for costs and expenses incurred for medical or dental services provided under this authorization.

Parent / Guardian Signature _____ **Date** _____

PHOTO AND VIDEO PERMISSION

I give consent for St. Mark's Presbyterian Church to use photographs or video images of me and/or my child(ren) in church brochures, advertisements, the church website, social media, and other church publications. I understand that images will be used only for church-related purposes and will not be provided for personal use.

☐ I grant permission ☐ I do not grant permission

Parent / Guardian or Adult Participant Signature _____ **Date** _____

FINAL SUBMISSION

Please return the completed registration form to:

St. Mark's Presbyterian Church, USA - Attention: Vacation Bible School
22111 Chagrin Blvd., Beachwood, OH 44122
Phone: 216-751-3190 | Website: www.stmarkscleveland.org

PARTICIPATION PERMISSION & FINAL CONFIRMATION

This page completes the 2026 Intergenerational Vacation Bible School registration packet.

PARTICIPATION PERMISSION

I give permission for my child(ren), and/or myself as an adult participant, to attend and participate in St. Mark's Presbyterian Church Vacation Bible School during August 3 through August 7, 2026. I acknowledge that the program is scheduled from 6:00 PM to 7:30 PM, with dinner beginning at 5:30 PM.

Parent / Guardian or Adult Participant Signature _____ **Date** _____

FINAL CERTIFICATION

I certify that the information provided in this registration packet is complete and accurate to the best of my knowledge. I agree to notify St. Mark's Presbyterian Church of any changes to emergency contacts, medical conditions, allergies, medications, transportation instructions, or authorized pickup persons before or during VBS.

Printed Name _____ **Best Contact Number** _____

Signature _____ **Date** _____

RETURN INSTRUCTIONS

Please return all completed pages to:

St. Mark's Presbyterian Church, USA

Attention: Vacation Bible School

22111 Chagrin Blvd., Beachwood, OH 44122

Phone: 216-751-3190 | Website: www.stmarkscleveland.org