

**St. Mark's Presbyterian Church, USA**  
**22111 Chagrin Blvd., Beachwood, OH 44122**  
**216-751-3190**



**2022 'Make Waves' Vacation Bible School Aftercare Registration Form**

Monday, July 25<sup>th</sup> through Friday, July 29<sup>th</sup>

Noon – 5:00p.m.

**I am a working parent and am requesting daycare for my child(ren) after Vacation Bible School has ended.**

**Child(ren) Name (Last, First)**

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

**Activity restrictions:**

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**I give my permission for my child(ren) to attend and participate in St. Mark's Presbyterian Church Vacation Bible School Aftercare during the period of July 25 – July 29, 2022.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**LIABILITY RELEASE:** In consideration of St. Mark's Presbyterian Church allowing the above named child(ren) to participate in VBS aftercare activities, I do hereby release, forever discharge and agree to hold harmless St. Mark's Presbyterian Church, its directors, employees, volunteers and agents (collectively hereinafter referred to as "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 which may be incurred by the undersigned and the above child(ren) while involved in VBS aftercare.

Furthermore, I (on behalf of my minor child(ren)) assume all risks of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein, as well as releasing The Church, if necessary, for transportation to and from the VBS location. I release, forever discharge, and agree to hold harmless The Church from all liability, claims or demands for accidental personal injury in the process of transportation.

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

**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 agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the child(ren) pursuant to this authorization.

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

**PHOTO/PICTURE PERMISSION:** I give my consent to St. Mark's Presbyterian 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 St. Mark's Presbyterian Church from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s participation in VBS aftercare.

\*\* None of the photos taken will be for personal use.

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

**Note: All information will remain confidential to VBS staff**

Please return this completed VBS Registration form to:

**St. Mark's Presbyterian Church, USA**

22111 Chagrin Blvd.

Beachwood, OH 44122

[www.stmarkscleveland.org](http://www.stmarkscleveland.org)

**Attention: Vacation Bible School Aftercare**