



Vacation Bible School & Sports Academy with Coach John

5 Day Program: Monday-Friday — July 22-26 — Kids entering Grades 3-5

“IncrediWorld” VBS program: 10:00 am—12:30 pm — Lunch 12:30—1:00 pm (Kids must bring their own lunch.)

Sports Academy Multi Sport Camp: 1:00-3:00 pm

Kids must attend both morning & afternoon programs.

No visitors or friends can attend the afternoon Sports Academy program.

Parent or Legal Guardian must sign waivers on front and back of this form in order for your child(ren) to be registered.

Questions: Please email vphillips@faithtroy.org

Registration: \$90 per child — Registration is limited, so register early.

Return this form and check payable to: Faith Lutheran Church, 37635 Dequindre Road, Troy, MI 48083

Week 1: Monday—Friday, July 22—26. For Kids Entering Grades 3—5
Register no later than Sunday, July 14

Parents’ Names — Please Print _____

Address — City — Zip _____

Home Phone # _____

Cell or Alternate Phone # _____

Email Address (Please *Print Clearly*) _____

Emergency Contact: Person’s Name and Phone # _____

Are you presently attending a local church? Yes No _____

Name of Church and City _____

Is this your family’s first year attending our VBS program? Yes No _____

If YES, tell us how you heard about us _____

I desire and do consent for my child(ren) to participate in FaithKids Vacation Bible School. I understand that my child(ren) may be photographed and give permission for pictures to be used in advertising material (print and/or web) for Faith Lutheran Church. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the Church, corporation, its, officers, directors, employees, volunteers from any and all claims, demands or causes of action which are in any way connected with my child(ren)’s participation in the Program or use of the Church’s equipment and facilities.

Signature of Parent or Legal Guardian Required: _____

ENROLL MY CHILD(REN) FIRST & LAST NAME (PLEASE PRINT)	M A L E O R F E M A L E	BIRTH DATE	A G E	GRADE ENTERING IN FALL <i>Grades 3, 4 or 5</i>	PLACE MY CHILD IN SAME GROUP AS THIS ONE FRIEND LISTED BELOW. PLEASE NOTE: FRIEND MUST BE REGISTERED FOR SPORTS ACADEMY PROGRAM AND THIS FRIEND MUST ALSO LIST YOUR CHILD AS THEIR ONE FRIEND.	ALLERGIES OR SPECIAL NEEDS SPECIAL NEEDS: PARENT MUST FILL OUT MEDICAL FORM PRIOR TO DATE ATTENDING IF CHILD HAS EPI PEN OR INHALER.

Waiver of Liability, Disclaimer and Permission for FaithKids Sports Academy—2013

This form is for children (Grades 3—5) who will attend
FaithKids Sports Academy at Faith Lutheran Church, 37635 Dequindre, Troy MI 48083.
ONE FORM PER CHILD — Must be filled out by parent/guardian ONLY and received by Faith Lutheran Church
by start date of class (*your child will not be able to attend Sports Academy Class until we receive this form*).

First and Last Name of Child _____

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves the risk of physical injury. I further acknowledge that the programs of Faith Lutheran Church's FaithKids Sports Academy are primarily administered by adults who are trained in first aid. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs. I (for myself as well as for my child, his/her heirs and assigns) hereby release, discharge, and hold harmless Faith Lutheran Church, its employees, volunteers and other representatives or affiliates from and against any claims arising out of or relating to illness, physical injury, death, or other damages that may result to said individual while participating in a FaithKids Sports Academy sponsored event, including any physical injury by the negligence of Faith Lutheran Church, its employees, volunteers and other representatives or affiliates while performing his/her duties during any FaithKids Sports Academy activity. I attest that my child is physically capable to participate in the FaithKids Sports Academy events. However, should employees, representatives or volunteers determine in their sole discretion that completion or participation in any FaithKids Sports Academy program events would be injurious to my child's health, or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the event officials, sponsors, representatives and/or volunteers.

I give my permission for free use of my child's name and picture in any participation of FaithKids Sports Academy in future publicity for FaithKids Sports Academy.

Signature of Parent or Guardian: _____

Date: _____

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