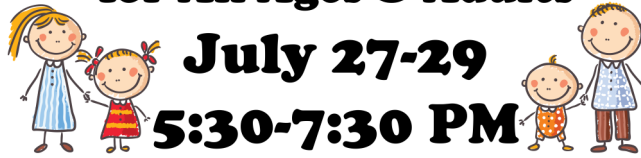


First Presbyterian Church

Vacation Bible School for All Ages & Adults



To be held at First Presbyterian Church, 2101 Utica on Wednesday, Thursday, and Friday, July 27, 28 and 29, at 5:30 – 7:30 p.m. Adults and Children ages 4 and above are invited. This is a multi-generational event, with classes for all ages.

Come join in the fun of a light meal, singing, bible study, games and learning about God's love and welcome for you.

On Friday evening, after the close of VBS at 7:30 p.m. children and parent(s) are invited to the 16th Street Water Park for swimming and ice cream sundaes. (*Parents are responsible for getting their child(ren) from the church to the water park. No rides are provided.*)

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Parent/Guardian Name _____

Address _____ Phone _____

Do these children have any food allergies? If so, who and what?

Child	Allergic to:		

Photo Release

First Presbyterian Church – Plainview (please select one)

- Has my permission
- Does not have my permission

to use my child's unidentified image in print publications, social media, online publications or presentations documenting Vacation Bible School and church activities. I understand, if I refuse granting permission, photographs and recording will be reviewed prior to publication to not display certain children. I also understand that no royalty, fee, or compensation may be collected for such use.

Waiver

My child/children _____, _____, _____, _____, has my permission to participate in Vacation Bible School (VBS) at First Presbyterian Church. I understand that every effort will be made to ensure the children's safety. I also understand a **parent or guardian must** accompany their child to the **Plainview Aquatic Center** in Hood Park (16th and Ennis) on Friday evening. I will not hold First Presbyterian Church, church staff, volunteers, and/or affiliates responsible for any injuries or accidents which may occur at the Aquatic Center or on Church property. In the event I cannot be contacted, I give permission for emergency treatment for my child/children participating to be authorized by an adult staff member of First Presbyterian Church in responsibility for my child/children during VBS.

Parent PRINTED Name _____

Signature _____ Date _____



First Presbyterian Church
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Plainview TX 79072

Phone: 806-296-2604