



# 2010 GO:BIG

## Vacation Bible School

Sunday, July 25th-Thursday July 29th  
6:00-8:30 PM

We'll have a BIG ice cream sundae for families following Thursday night's VBS!

### YES! I want to do Vacation Bible School! Sign me up!

This year's VBS theme is GO:BIG! We are going through God's Big Story—and seeing how each of us fit into it! There will be a whole lot of fun for children ages 3 years through 6th grade. Three-year-olds **must** be three by January 1, 2010.

Child's name: \_\_\_\_\_ Male Female

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Allergies or medical concerns: \_\_\_\_\_

Information about your child that will help us care for him/her: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Yes, I'm willing to help! (contact Susan Kliment at 507-377-3276)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_



**Crossroads Church is located at  
3402 Hoeger Lane, Albert Lea, MN 56007  
Main Office Phone Number is: 507-377-3276**



## MEDICAL RELEASE for GO: BIG Parents Medical Release for

\_\_\_\_\_  
**(name of child)**

I, the undersigned parent or guardian, grant permission for the above named to attend Crossroad's Vacation Bible School. In the event of an emergency where medical treatment is required, I give permission to the church VBS leader to obtain the services of a licensed physician. I understand that I or the emergency contact person will be notified expeditiously concerning any such emergency. I hereby release and discharge the adult leaders, event staff and Crossroads Church from any and all debts, judgments or suits of any kind that may arise by my child's authorized participation in this event. Payment of any medical expenses will be paid by me or by my insurance company according to the information that I(we)provide.

\_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature of Parent/Guardian

Printed Name \_\_\_\_\_

Family Doctor / Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Medical Insurance Policy # \_\_\_\_\_

### PHOTO RELEASE:

I give permission to Crossroads Church to photograph my child at GO: BIG Vacation Bible School. I give permission to copyright, use, and publish the photographs for any lawful purpose, including newspaper articles, church publications, and the church website.

I have read and understand the above:

\_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature of Parent or Guardian

Printed Name \_\_\_\_\_