

High Seas Expedition Vacation Bible School

June 21st – 25th, 2010

Deep Run Mennonite Church East

www.deepruneast.org

215-766-8380



REGISTRATION FORM

(One per child)

Name: _____

Male or Female

(Please print)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____

Parent or guardian name: _____

Emergency Contact Person: _____

Relationship and #: _____

Age: _____ Birthday: _____ Grade Currently in: _____

Allergies or other medical conditions: _____

Home Church: _____

Did you attend our VBS last year? Yes ___ No ___

Name of **ONE** friend your child might like to be with: *

*This child should have your child's name on his/her registration form also. We will try to accommodate your request. Children will be together in either the same crew or traveling group.



Register by Monday, June 1st – Pre-registration is required!!

Return registration to Deep Run East, 350 Kellers Church Rd, Perkasie,
PA 18944

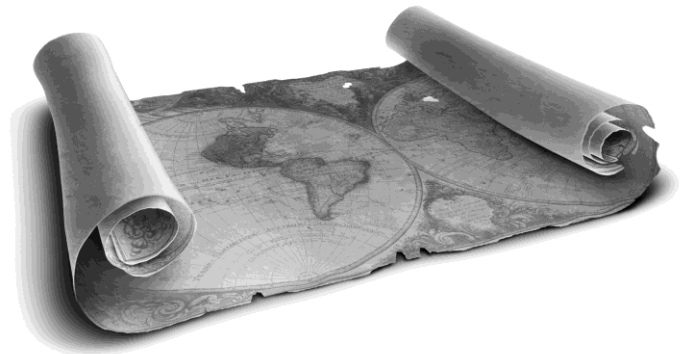
If you have questions call:

Renee Rice @ 215-257-2653

Linda Kolva @ 267-718-4661

Sue Anne Rush @ 215-249-3746

***Please be sure to sign & return the
Release Form!**



RELEASE FORM

DEEP RUN MENNONITE CHURCH EAST
VACATION BIBLE SCHOOL

In consideration of admission of my child _____ to the
Vacation Bible School Program at Deep Run East Mennonite Church:

I do hereby release Deep Run Mennonite Church East, its personnel, Vacation Bible School volunteers, employees, officers, directors and agents from any and all claims, liability, responsibility and actions of every kind, including but not limited to property damage, personal injury, or public liability which they may have or which may result from the participation of my child in the programs at Vacation Bible School.

I further agree to indemnify and hold harmless Deep Run Mennonite Church East, its personnel, Vacation Bible School volunteers, employees, officers, directors and agents from any liability damage caused by my child or for injury to my child, which arises during or as a result of any Vacation Bible School Program in which my child is involved.

I further understand that my child can be excluded at any time during the program if it is judged that my child has hampered the safety, welfare, and enjoyment of other children at Vacation Bible School.

I have read the foregoing, which I understand to be an authorization and a release, and I understand it fully.

Witness:

Signature of Parent(s) or Guardian

Address: _____

Date: _____