



Effective dates: July 27 – 31, 2009

T-shirt size (circle one): XS S M L

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
Last First Middle

Grade in school \_\_\_\_\_ Male  Female  Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Pager / cell \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

Allergies (including food allergies) \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Should this child's activities be restricted for any reason? Please explain:

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the St. Michael's Episcopal Church (the church) and its staff of any liability against personal losses of named child. *I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend St. Michael's Episcopal Church VBS program on July 27 through July 31, 2009. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its priests, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured or becomes ill and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.*

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return form to:

Laura Cruse  
418 Lemen Settlement Rd  
O'Fallon, IL 62269  
[cruseclb@yahoo.com](mailto:cruseclb@yahoo.com)  
618-343-1161

OR

St. Michael's Episcopal Church  
111 O'Fallon-Troy Rd  
O'Fallon, IL 62269  
632-6168 (phone) or 632-6962 (fax)  
Attn: Laura Cruse

**St. Michael's Episcopal Church**  
***Wildwood Forest - Where Kids Discover***  
***The Untamed Nature of God!***  
**2009 VBS**



The kids at Wildwood Forest VBS will come to know how deeply God loves them and how exciting it is to be loved by God. Adventurers will embark on a thrilling journey into Wildwood Forest, an inviting and mysterious place of discovery. In every corner of this forest, children will encounter the wonderful nature of God and find that he is as wild as he is good. Adventurers will experience the many facets of God's character when they:

- participate in hands-on bible dramas at the ***Great Oak Theater***
- challenge their game-playing skills at ***Vineland Adventure Course***
- see God's power firsthand through fun experiments at ***Glow Rock Hideaway***
- create memorable artwork at the ***Treetop Art Studio***
- learn/sing songs about our amazing God at ***The Heights***
- meet in ***Harvest Grove*** for a yummy dinner meal
- enjoy entertainment at ***Misty Forest***

Plus, each child will receive a T-shirt and music CD at the end of the program!

Join us for the 'wildest' VBS ever! Children ages 4 through 10 are invited. To register, complete the form on the back. For more information, contact Laura Cruse at 343-1161 or [cruseclb@yahoo.com](mailto:cruseclb@yahoo.com).

