



Your mission this summer is to join us for *Vacation Bible School!*

Monday, June 28 through Friday, July 2
from 6:00 to 8:00 pm

Quarry Ridge Community Church
5845 Centennial Road, Sylvania (next to Rite Aid)
419-517-7122 www.lifeattheridge.com

For those students entering Kindergarten through those entering 5th grade.
Vacation Bible School is free—it's our gift to you!

Music • Crafts • Costumed Characters • Skits • Bible Stories • Projects • Games • and more!

Please register by Monday, June 21. Submit one form per child, please.
(Simply photocopy this form, or request additional registration forms
and medical forms in the church office or at www.lifeattheridge.com)

Please detach and mail to: Quarry Ridge, 5845 Centennial Road, Sylvania, OH 43560

Name _____

Birth Date _____ Age _____ Grade 2010-2011 _____

Address _____

Please complete the medical release form on the opposite side to complete your registration.
Contact the church office at 419-517-7122 if you have any questions.



Children will be placed onto Teams in three age-group categories.
Please check the grade they will enter in the fall:

- Pre-School and those entering Kindergarten
- 1st and 2nd grades
- 3rd through 5th grades



- 1 **TRUST**
In God's Plans
- 2 **UNITE**
With God's People
- 3 **TRAIN**
For God's Service
- 4 **FOLLOW**
In God's Path
- 5 **LEAD**
Others to God's Promises

We look forward to having your child join us for Vacation Bible School!

We'll be learning valuable lessons from the Bible about how to Trust in God's plans, Unite with God's people, Train for God's service, Follow in God's path, and to Lead others to God's promises.

It will be a fun week of laughter and learning.

We invite your family to check out life at Quarry Ridge Community Church!



MEDICAL AND/OR EMERGENCY RELEASE FORM - MINOR CHILD

Quarry Ridge Community Church – Sylvania, Ohio

(one form per participant, please)

Date: _____

Name of Participant _____ Birth Date _____ School Grade (10-11) _____

Address _____ City _____ State _____ Zip _____ Phone _____

Contact person in case of emergency _____

Phone _____ Cell _____ Relationship to Participant _____

Allergies to medications; serious allergic reactions in nature; special health problems: (please list or attach a separate sheet)

Prescription drugs or drug therapies: (please list or attach a separate sheet) _____

Family Physician _____ Phone _____

Insurance Company _____ Policy # _____ Name of Insured _____

I consent to and request that my child be allowed to participate in the 2010 Vacation Bible School activities with Quarry Ridge Community Church, and I release Quarry Ridge Community Church and all sponsors from liability for injuries to my child, or loss or damage to property resulting from the ministry activity beyond their reasonable control. I authorize application of insect repellent (low or no deet content) if it is needed in the sole discretion of the Quarry Ridge Sponsors. I consent to and authorize first aid administration, and to any hospital, medical, or surgical treatment, including administration of anesthesia, determined necessary by a qualified physician and a ministry sponsor of Quarry Ridge Community Church if I or above listed emergency contact are not reasonably available by phone to give such consent. I agree that I shall not hold the Church or sponsors liable for their decisions in any medical or other emergency as they act on my behalf. I agree that I shall be responsible for payment for any medical care. I further agree to immediately notify the Church of any changes in any of the above information, and I release the Church and sponsors from liability for any problems or injuries caused by the above information being inaccurate or out-of-date.

Signature of Parent or Legal Guardian _____ Date _____