



High Seas Expedition
Exploring the Mighty Love of Jesus
VBS 2010 at Hope Lutheran Church

At High Seas Expedition, kids explore the mighty love of God on a journey that will change them forever. Children don't just hear about God's love; they see it, touch it, sing it, taste it, and put it into action. More importantly, children learn that God sent his Son, Jesus, to die for our sins because He loves us. The program will provide fun, memorable Bible-learning activities for kids from 3 years to 5th Grade. Each day kids will sing catchy songs, play teamwork-building games Ship Rec Games, nibble Goodies from the Galley, take a Bible Voyage, collect Bible Memory Buddies to remind them of God's Word, and create Clipper Ship Crafts that they'll take home. Kids will meet lots of new friends! Plan to invite a friend too!

WHERE: Hope Lutheran Church 700 S. Superior De Pere, WI 54115

WHEN: August 1-5, 2010 – Sunday to Thursday 6:00-8:30 PM

WHO: Ages 3 (as of September 1, 2010) -12 (through current 5th grade)

COST: Each student will receive a t-shirt for all participants. Therefore we have a donation of \$10.00 per child payable to Hope Lutheran Church. Please note size of T-shirt below. (Choose from Youth: Small, Medium or Large or Adult: Small, Medium) Scholarships are available for anyone not able to consider the donation. Contact Kim Thompson 337-9826

Enroll now! By returning this enrollment form to Kim Thompson 2032 E Higgins Hill De Pere, WI 54115 or to the registration station at church by June 15, 2010

Name (First, Last)	Birthday	Age	Grade just completed	T-shirt Size
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____

Parent/Guardian: _____

Street Address: _____

City, State Zip _____

Phone: _____ Home Church: _____

Cell Phone: _____ Email: _____

For further information, contact Kim Thompson at 337-9826.

Medical Release/Liability Form
For the children listed individually on the front page of this sheet

Parent/guardian's Name: _____
Parent/guardian's Home Phone: _____ Work Phone: _____ Cell Phone: _____
Please list any allergies: _____
Are there any medical conditions we need to be aware of? _____

(Please note: this is for information/records purposes only. Please communicate any allergies or medical conditions verbally to your child's teacher the week of VBS. Thank you.)

Emergency Information:

Health Insurance Co. _____ Policy #: _____
Name of other person to contact: _____
Relation to child: _____
Address: _____
Home Phone: _____ Work Phone: _____
Family's Doctor's Name: _____ Phone: _____

In consideration for being accepted by Hope Lutheran Church for participation in Vacation Bible School we (I) being 21 years of age or older, do for ourselves (myself) {and on the behalf of my child (ren)-participant (s) if said child (ren) is (are) not 21 years of age or older} do hereby release, forever discharge and agree to hold harmless Hope Lutheran Church and the directors thereof from any and all liability claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child(ren)-participant(s) that occur while said child(ren) is (are) participating in the above activity.

Furthermore, we (I) (and on behalf of our (my) child (ren)-participant(s) if under the age of 21) hereby assume all risk of personal injury, sickness or death, damage and expense as a result of participation in recreation and various activities throughout Vacation Bible School. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expense incurred attendant thereto.

We (I) are the parent (s) or legal guardian (s) of this (these) participant (s), and hereby grant our (my) permission for him (her) (them) to participate fully in Vacation Bible School and hereby give our (my) permission to take said participant (S) to doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume the cost of a medical bills, if any.

We (I) have read the above statement and we (I) are (am) in full agreement.
Signature: _____ Date _____

Website- Photo Permission

I hereby grant permission to Hope Lutheran Church, De Pere, Wisconsin to use my image on its website or other church related websites or in other church publications without further consideration. Permission is also granted to use images of my children listed above. I understand that not names will be used on the website or in publications unless specific permission, verbal or written is given to an appropriate staff member.

I understand that once any image is post to Hope's website or the related websites, the image can be downloaded by any computer user around the world. I hereby attest that I am the legal parent or guardian of the child(ren) listed on this form. This consent is effective until such time as I revoke it in writing and provide a copy of the revocation to Hope Lutheran Church.

- I do grant permission for my photo or my children to be used in this manner.
- I do NOT grant permission for my photo or my children to be used in this manner.
 - Group photographs do not require consent before publication.

If you have question regarding this policy please contact Maggie Christians at hopedeper@gmail.com or 920-336-9582.