

**What:** ***POLAR BLAST (VBS)***

**Where:** San Gabriel Presbyterian Church- 5404 Williams Drive (1/4 mile past Sun City and across from Dollar General)

**When:** **Sunday, August 5—6:00 pm.**  
*Polar Blast Family Kickoff Event (For the whole family!)*  
**\*Winter Themed Music, Snacks, and Activities!\***  
**Monday and Tuesday, August 6 & August 7— 6:00-8:30 pm.**  
**VBS Nights! \*Dinner Served\*(Kid drop off nights!)**  
*(If your child has food allergies, please bring a sack dinner.)*

**Wednesday, August 8—7:00 pm. Family Program!**  
Come see what your kids have learned! (Snacks following.)

**Ages:** 3 years (potty trained only, please) through 5<sup>th</sup> grade

**Cost:** **FREE!!**

Please detach the completed registration form below and drop-off or mail to the church office.

**THANK YOU!**

-----  
**Registration**

(Please print in ink)

**\* PLEASE fill out medical release on back\***

Child's Name: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

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

Phone Numbers: \_\_\_\_\_; \_\_\_\_\_

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

Age: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Do you attend church? \_\_\_\_\_ If so, where? \_\_\_\_\_

Who may pick up this child at the end of VBS each day?  
\_\_\_\_\_; \_\_\_\_\_

*(Please be prepared to sign your child out upon pickup each day.)*

# Vacation Bible School 2018!



San Gabriel  
Presbyterian Church

---

## Medical Release

Medical or other information we need to know. (PLEASE INCLUDE ANY FOOD ALLERGIES):

\_\_\_\_\_

In the event of an emergency, who do we call?

Name and Phone: \_\_\_\_\_

Name and Phone: \_\_\_\_\_

Realizing the nature of emergencies, and that I might not be able to be reached although every effort will be made to do so, I give my permission for San Gabriel Presbyterian Church staff and/or volunteer workers to give immediate first aid and to the physician/hospital to treat or hospitalize, as they deem necessary, including injection, anesthesia, or surgery. I understand that I will be responsible for any and all medical expenses incurred should it be necessary for my child to receive medical attention.

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

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Policy Number \_\_\_\_\_

Your child's first name, likeness and/or photographic image may be used in our promotional materials including but not limited to: website, newsletter, or ad unless otherwise noted.