

Hero Central at Jefferson UPC Helper Registration

Mandatory Training – Sunday, June 11th from 11:15am-12:15pm
June 12-16, 2017 – 9am-12pm, helpers must be here at 8:45

**Friday schedule is shortened. Parents are to arrive at
10:30am for a short program and a picnic lunch.**

Friends, our 5th and 6th grade experiment didn't pan out quite like we had hoped last year! So, we are back to potty trained children-entering 4th grade. If your child is older and would like to be involved as a helper, and we hope they will, please send in your application soon! Thank you for your desire to share Jesus with our neighborhood. *We would request your presence in worship on Sunday, June 11th so that we might pray over our volunteers in preparation for their week of service!*

Student's Name: _____ Birth date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardians Names: _____

Email: _____

Contact Numbers: Home: _____ Mom Cell: _____ text: yes no

Dad Cell: _____ text: yes no other: _____ text: yes no

Allergies or Special Needs: _____

Do you currently attend a church? Y or N If not Jefferson UPC, Where? _____

Initial each section and sign and date below

_____ I give permission for my child, _____, to participate in *Vacation Bible School at Jefferson United Presbyterian Church on June 12-16, 2017* And I agree to the following conditions...

_____ **Medical Emergency.** In the event of injury or a medical emergency, I understand that Jefferson United Presbyterian Church Leaders will assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors.

I, therefore, release any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in this event.

_____ **Media Consent.** I give my consent and permission for the taking of photographs and/or video of me or my child during the described event and waive and/or assign any and all rights (including copyright) in such media to Jefferson United Presbyterian Church. NO NAMES will be used with any displayed photos or videos.

Parent or Guardian's Signature: _____ Date: _____

Please return this completed form to: Jefferson United Presbyterian Church
c/o VBS Registration
716 Gill Hall Rd.
Jefferson Hills, PA 15025

If you have questions, you may call the church at 412.653.4797 or email us at jake@jeffersonupc.com