



SKYLINE VBS

June 25 -28, 2018 9:00 a.m. to Noon
Open to children 3 years old (potty-trained) through entering 5th grade

Skyline Baptist Church - 3451 Liberty St., North Bend, OR 97459
www.sbcnb.org - Phone: (541) 756-3311 - Fax: (541) 756-8879
email: loy@sbcnb.org

David Woodruff, Senior Pastor; Tim Young, Assoc. Pastor;
Josh Kintigh, Youth Pastor; Loy Huntzinger, Children's Ministry Director

Experience the Ride of a LIFETIME with God and discover "When you pass through the waters, God will be with you!" Isaiah 43:2



Each day at ROLLING RIVER RAMPAGE you will learn that with Jesus you will find:

ADVENTURE, JOY, ACCEPTANCE, REST, AND PEACE ON THE RIVER!



We will have an exciting time venturing through our white water assemblies, big splash games, campfire snacks, survival skills stations, and rapid reminder Bible lessons - all of the things that make VBS so much fun.

Please wear closed-toed shoes. We will be playing water games & are painting during craft time. Please dress accordingly.

Registration Registration also available on-line at www.sbcnb.org/VBS

Student's Name _____ Date of Birth _____ Male / Female

Parent /Guardian Names: _____ Relationship to child: _____

Address, City, Zip _____

Best phone to reach parent/guardian: Cell? Y or N _____ Additional phone # _____

Grade entering in the fall _____ School Attending _____

E-mail _____ Home Church (if any) _____



Medical Information & Release (valid June 25 - 28, 2018)

EMERGENCY CONTACT: (Name) _____ Phone: _____

Doctor's name: _____ Location/Phone: _____ Is child's tetanus current? Yes ___ No ___

Allergies to: Insect stings ___ Drugs ___ Foods ___ Other: _____ Describe allergies and normal treatments: _____

OTHER CONDITIONS WE NEED TO BE AWARE OF: _____

Medications being taken: _____

Activity Restrictions Yes ___ No ___ If yes, please explain: _____

Our church's insurance is only secondary insurance. If you have insurance, your carrier will be billed for medical charges in the case of illness or injury while at Vacation Bible School.

Do you have health insurance? Yes ___ No ___ If so, please fill out the following:

Name of Insurance Company _____ Policy # _____

Address of Insurance Company _____

Medical Release In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by a Skyline Church representative to hospitalize, to secure proper treatment, and/or order an injection, anesthesia or surgery for my son or daughter as deemed necessary.

Liability Release By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in Vacation Bible School activities and agree not to hold Skyline Baptist Church, or any of their members, staff or volunteers liable for damages, losses or injuries to the person or property under-signed. The Parents/guardians understand that they are signing for the minor listed on this form and the signature is both for medical and liability release. In addition, the parent or guardian hereby authorizes Skyline to use, reproduce, distribute, and display their child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the church.

Parent/Guardian Signature _____ Date _____