

Emergency Contact Name and Phone:  
(After parent contact has been attempted)

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Who will pick up your child?  
(Please include anyone who will pick up your child,  
including parents.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Liability Release:

I/we the undersigned agree to indemnify and hold harmless Salem Heights Church and its agents and employees against all liability, claims, charges, expenses, and attorney fees arising out of, or connected with use of, its facilities. I/we acknowledge and represent that my/our child is in sound physical condition to be able to participate in this activity. In the event of an injury to my/our child I/we hereby grant the authority to any qualified physicians or EMT (Emergency Medical Technician) to render such emergency medical treatment, as they deem necessary under the circumstances. I/we also grant permission to any responsible person to seek medical assistance in the event of any injury.

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use: \_\_\_\_\_ Date: \_\_\_\_\_

Cash: \_\_\_\_\_ Check: \_\_\_\_\_

Scholarship: \_\_\_\_\_

## Barnabas Bible Time



## Ambassadors Armory

## Smarticus Snacks

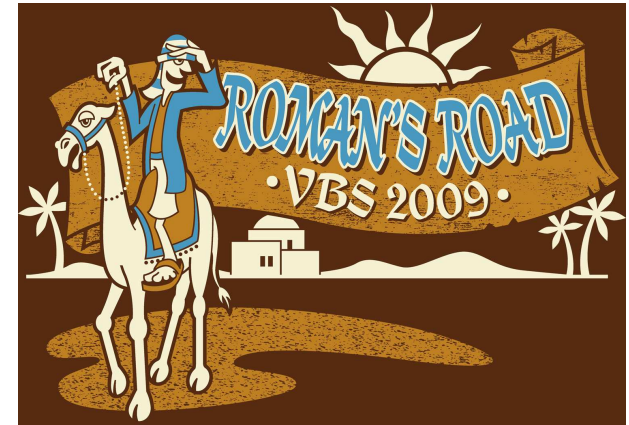


## Gladiator Games



## Coliseum Crafts

# Salem Heights Church



July 13-17

9 a.m. to noon

For kids ages 4  
(by September 1)  
through entering  
5th grade

Cost: \$11 per child

Family Cost: \$33

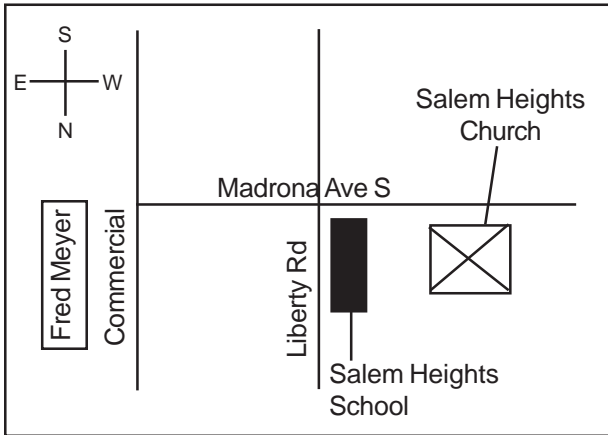
(Three children or more)

Registration:

Deadline is Sunday, July 5th



Join us on the Romans Road as we journey through God's Word! Get ready for an exciting celebration of God's love. You'll enjoy Bible Point Crafts and exciting games, experience thrilling Bible stories, sample tasty snacks, and hear unforgettable music! Come join us on the Romans Road!



Salem Heights Church  
 375 Madrona Ave. S  
 Salem, OR 97302  
 (503) 588-0403

PARENT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Other Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Home Church: \_\_\_\_\_

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CHILDREN'S INFORMATION

Name: \_\_\_\_\_ M or F  
 Age: \_\_\_\_\_ Grade 2009-10: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

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 Age: \_\_\_\_\_ Grade 2009-10: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

.....

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 Age: \_\_\_\_\_ Grade 2009-10: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

CHILDREN'S INFORMATION

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 Age: \_\_\_\_\_ Grade 2009-10: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

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Name: \_\_\_\_\_ M or F  
 Age: \_\_\_\_\_ Grade 2009-10: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

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SPECIAL NEEDS & REQUESTS

(Any requests to be part of a specific group will be reviewed by the VBS Director. We are only able to accommodate certain requests. Please make sure to state your requests for consideration before the start of VBS.)

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