



Vacation Bible School

When: June 24-28

9:00 am—12:00 pm

Where: Cornerstone Church of Aurora

Who: Children age 3 to completed 3rd Grade

(must be independently potty trained)



Cost: \$20 per child

(Cash or check made out to My First School)



Join us for the summer event that helps kids dive into a friendship with God! At Scuba VBS, kids explore what it means to have a friendship with a real, loving, trustworthy God—a friendship that lasts forever!

Children who register by June 1 will receive a VBS t-shirt.



Please return the attached registration form by June 1, 2024

Questions? Call 330-562-8070

SCUBA VBS REGISTRATION FORM

DUE BY June 1, 2024



Child's Name _____ Age on June 24 _____

Parents' Names _____

Parent Phone Number _____

Address _____

Email Address _____

Emergency Contact:

Name _____

Relationship _____ Phone # _____

Child Shirt Size (circle one) YXS YS YM YL YXL/AS AM

Child Information (allergies, health conditions, disabilities, fears, family concerns, etc.)

I, the parent or guardian of the above-named child, authorize the participation of my child in the Vacation Bible School program (the "program") of Cornerstone Church of Aurora. I understand that this Program is a nonprofit Christian ministry program, conducted by the church and its volunteers and staff. I understand that participation in the Program may involve strenuous and prolonged physical activity, which has numerous associated risks. I assume all these risks. As such, I agree that my child is healthy and able to participate in the Program activities. I hereby release, discharge, hold harmless and indemnify and covenant not to sue, the Church and all of the Church's leaders, members, and all others persons associated with the program. If the Church determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities, the Church may determine that my child cannot be permitted to participate. In the event my child is injured or becomes ill in the program's activities, and if I, the parent or guardian of the above named child, am not present to make medical decisions, I hereby authorize the Church to arrange for and consent on my behalf any necessary treatments which are determined by medical personnel attending to my child. I am responsible for payment of any medical charges or expenses associated with this treatment. I understand that the Church may use my child's photo for promotional purposes. My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on this form.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____