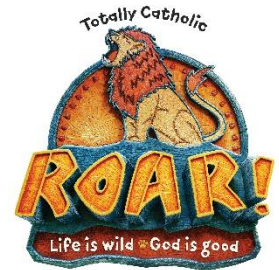


# CREW LEADER REGISTRATION FORM

## VACATION BIBLE SCHOOL

Wednesday– Friday May 29th– May 31st, 2019

### Corpus Christi Church



We are currently seeking mature young people who have completed 5th grade to be crew leaders for our upcoming **Roar VBS!** As a Crew leader, you will care for a group of 5 children, ages 3-9 or a preschool group throughout the day. You will help them with crafts, Bible stories, help serve snacks and lunch, and have some fun! Adult leaders will facilitate all activities.

\*\*\*You will receive a FREE t-shirt, snacks, lunch, and crafts for sharing your time and talent with our little ones!\*\*\*



**We are counting on you to arrive each day by 8:00 am for an overview of the day. You'll be with your crew from 8:30 am—3:30 pm (1:30 pm on Friday)**

Here's the schedule:

**Wed, May 29, 8:00 am—3:30 pm VBS**

**Thurs, May 30, 8:00 am—3:30 pm VBS**

**Fri, May 31, 8:00 am—12:00pm VBS**

**12:10pm-1:30 pm— Mass & Lunch**

**\*Mandatory Crew Leader Meeting on May 22<sup>nd</sup> at 5:30pm!\***

### **ATTENTION PARENTS!**

**PLEASE COMPLETE THE INFORMATION ON BOTH SIDES OF THIS SHEET, AND RETURN IT TO CHURCH OF CORPUS CHRISTI, 1919 N 2nd St, BISMARCK, ND 58501. ON OR BEFORE MAY 15<sup>th</sup>!**

I give my child, \_\_\_\_\_ who is in grade \_\_\_\_\_ permission to be a Crew Leader for ROAR VACATION BIBLE SCHOOL on May 29th, May 30th, & May 31st, 2019. I have marked this commitment on my calendar to ensure that they will be able to be there for the 3 days.

\_\_\_\_\_  
(Parent signature)

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please call Melanie Konieczka at 255-4600 if you have any questions or concerns.

*(Please detach and save the top portion of this sheet for your information on the opposite side!)*



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ROAR Vacation Bible School Disclaimer Form

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
hereby state that I have read and agree to the following:

1. In the event of a medical emergency, I give Corpus Christi staff the right to authorize treatment deemed necessary to save the life or limb by a licensed physician. All attempts will be made to contact the parent or guardian at the phone numbers provided.
2. I hold Corpus Christi, it's agents and employees free from any liability resulting from accidental injury or death of the above minor.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please sign the above disclaimer and complete the information on the front.***

***Return bottom portion of this form to:***

***Church of Corpus Christi, 1919 N 2nd Street, Bismarck, ND 58501***