

EXTREME X VBS

For 6-12th grade students

June 19-22

(Monday-Thursday)

12:15 to 4:15pm each day

Later pick up for high school on Tuesday.

Cornerstone—St. John Church

15800 Manchester Rd, Ellisville, MO

Limited number of spots
for each grade!

Register NOW!

Register by Sunday, June 4

Early Bird Cost—\$95

Register June 5 or later

Cost—\$120

Registering by the June 4 early bird
deadline does not guarantee a spot.

**Eat lunch with us at 12:15 and then
travel to a different extreme
activity each day.**

Students must be picked up from
Cornerstone at 4:15 pm each day.

**Early pick up from off site
locations is not allowed.**

Questions?

Email Pua at pcoffman@stjstl.net
or call 636.779.2361

Your extreme activities will include:

6th grade

Sky Zone

Sports Fusion

Ballwin Pointe

Adrenaline Zone

7/8th grade

Sports Fusion

Sky Zone

North Pointe
Aquatic Center

Epic 6

High School

City Museum

Upper Limits

North Pointe
Aquatic Center or
Float Trip*

Paintball

Participants will not necessarily attend events in this order.

*Students will participate in one or the other depending on order of registration.

- High School pick up at Cornerstone is 4:30 on Tuesday for students attending the float trip.
- Buses will arrive back at Cornerstone between 4:00 and 4:15pm for all other groups .

To complete your registration and **reserve your spot**, return the following to the VBS tin located at the information station in the St. John church lobby, drop off at the church office in the Ministry Center lobby, or mail to St. John Church, 15800 Manchester Rd, Ellisville, MO 63011, Attn. Extreme VBS.

IMPORTANT: Your spot will be reserved when we have received **all 3** of the following.

1) Registration Form

2) Participant Waiver(s)

** Waivers can be picked up in the lobby of the Ministry Center or the Cornerstone building; or downloaded from www.stjstl.net.*

** Please note, waivers are different for each grade level.*

3) Payment

** Make checks payable to St. John Church.*

** Do not combine registration fees for Fun Factory VBS and Extreme VBS in the same check.*

You will receive a confirmation letter with your daily schedule no later than June 14.

Additional forms can be downloaded at www.stjstl.net/students.

Online registration is not available for this event.

If you would like to participate in the morning session of Fun
Factory VBS as a

CREW LEADER

you must submit a Crew Leader registration form.

Download the form at www.stjstl.net.



EXTREME X VBS

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Registrant Information:

Please Print

Name: _____

Street Address: _____

City & Zip: _____

Main Phone: _____

Student Cell: _____ Cell Carrier (ie. AT&T): _____

(will be used for texting purposes)

Birth Date: _____ Student Email: _____

Grade (Fall '17): _____ School: _____

Allergies/Special Needs: _____

Would you like to be placed in a group with a friend?

Print friend's names here: _____

Parent Information:

Parent Name(s): _____

Parent Cell Phone: _____ Parent Email: _____

Parent Consent:

I, the undersigned, parent/legal guardian, do hereby give permission for

_____ (child's name), a minor, to participate in Extreme VBS 2017 June 19-22, 2017. I authorize St. John Church, Student Ministry, as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician and surgeon licensed, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered, but is given as specific consent to any and all such diagnosis, treatment, or hospital care which the physician, in the exercise of his/her best judgment, may deem advisable to protect the life and health of said minor child. I understand that when participating in Extreme VBS activities the registrant may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials for St. John church. I acknowledge that the images will be the sole property of St. John Church.

Parent/Legal Guardian Name (please print): _____

Signature: _____ Date: _____

Emergency Contact Information for the week of Extreme VBS, June 19-22, should we not be able to reach a parent:

Name: _____

Phone: _____ Relationship: _____

IMPORTANT!! Do not forget to submit required participant waiver(s) and payment with this form. Registration will only be confirmed when all documents are received. Print waiver at www.stjstl.net/students.



Office Use Only
Date _____
Check# _____
Amt _____ Waiver _____

Office Use Only
Group _____