



Virginia Beach United Methodist Church
VBS Registration Form
July 16th-20th, 2018
9:00am-12:30pm

PLEASE COMPLETE ONE FORM FOR EACH CHILD: FRONT & BACK

Suggested craft/shirt fee is \$15 per child; payments can be made by mail, cash, or check

(payable to VBUMC & child's name/VBS in the memo line) & returned to the Welcome Center.

Participant's Name: _____

VBS is open to children 4 yrs old to rising 6th graders. A separate form is available for VBS Volunteers.

Birthdate: ____ / ____ / ____ **Grade just completed:** ____ **Gender:** M F

Parent/Guardian Name: _____

Parent/Guardian Phone # (during VBS): _____

Sign up to receive TEXT updates about VBS 2018 here: <https://www.remind.com/join/vbvbs2018> or send this text
[@vbvbs2018](https://www.remind.com/join/vbvbs2018) to the number 81010

Email (An email will be sent to confirm successful registration.): _____

Address: _____

City/ST/Zip: _____

Allergies/Medical Alerts/Other Special Alerts We Should be Mindful of:

Emergency contacts if parent cannot be reached:

Name #1 & phone#: _____

Name #2 & phone #: _____

Name of Adult(s), over the age of 18, who have permission to pick up my child from VBS:

Name #1 & Phone# during VBS: _____

Name #2 & Phone# during VBS: _____

Only these adults listed will be permitted to pick up your child & must present valid ID. Phone calls for a change in pick up during VBS will *not* be accepted.

Office Use Only:

Assigned Tribe: _____ Alerts/Allergies: _____

Fee paid: yes no

Virginia Beach United Methodist Church
VBS Child Registration Form (Page 2)

The undersigned does hereby give permission for our (my) child: _____ (“Participant”), to attend and participate in Virginia Beach United Methodist Church (VBUMC) church functions. We (I) the undersigned, do hereby release, forever discharge and agree to hold harmless Virginia Beach United Methodist Church, its directors, employees, volunteers, and agents (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in children’s ministry activities, including trips away from the church premises. Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licenses hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

PHOTO/MEDIA RELEASE CONSENT: Virginia Beach United Methodist Church is authorized to use photographic images/video clips of my child in future Church publications, videos, & church related social media. (primarily church bulletin boards, church web site, church newsletter, church Twitter, CAPE Faith Facebook Group page, and GROW magazine) Child’s names will not be published. In providing consent, I agree that I do not and will not require financial compensation.

Please check: YES _____ NO _____

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____