



**Virginia Beach United Methodist Church**  
**VBS Registration Form**  
**July 16<sup>th</sup>-20<sup>th</sup>, 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 6<sup>th</sup> 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 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: \_\_\_\_\_