

WHITE CLOUD UNITED METHODIST CHURCH
VACATION BIBLE SCHOOL REGISTRATION 2018
(One form per child, please)

Student Name: _____

Nick Name: _____ Grade Entering: _____ Age: _____ Gender: Male ___ Female ___

If more than one child: same group (*if possible*)/separate group

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Alternate Pickup Name: _____ Phone Number: _____

Allergies: _____

Medical Issues or Special Needs: _____

Epipen carried/required: _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church.

Parent Signature

Date