



# VBS Registration Form

Student's Name \_\_\_\_\_

Parent/Family/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Age Information

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Last school grade completed \_\_\_\_\_ Home Church \_\_\_\_\_

Friends of your child at this church \_\_\_\_\_

Special Needs/Allergies/Medical Information/Other:  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Dismissal Information:

Name(s) of person(s) who may pick up this child from VBS  
\_\_\_\_\_

Other Information (church use only)  
\_\_\_\_\_

Rafter Group  
\_\_\_\_\_

Are parents/guardians/family members helping with Rolling River Rampage? \_\_\_\_\_ If so where?  
\_\_\_\_\_

## **TRANSPORTATION PERMISSION**

I understand that during the VBS program students in the 5-6<sup>th</sup> grade classes will be going on field trips daily. I agree that my child may be transported during these field trips and that College Hill United Methodist will not be held responsible in case of an accident.

## **PHOTO RELEASE**

During VBS photos will be taken of the children during activities. I hereby grant College Hill United Methodist VBS staff the right to photograph my child and use the photo and or other digital reproduction of him/her for publication process, whether electronic, print or digital.

## **PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING**

In the event of a medical emergency, the procedure will be to call the parent or guardian, time permitting, before taking the child to the doctor or hospital. However, when neither parent nor guardian can be reached, the following permission will help ensure prompt attention.

I hereby give my permission for the VBS staff of College Hill United Methodist to transport my child to and from then doctor and or hospital for emergency treatment. I hereby give permission for the VBS staff to sign any consent that may be necessary to allow hospital personnel and/or any licensed physician to examine my child and perform any emergency treatment, which may be necessary, and to consent to the administration of any drugs or medication necessary to tender such emergency care.

I hereby agree to release College Hill United Methodist Church staff (paid and volunteers) and to hold them harmless and indemnify them for demands, liabilities and causes of actions arising out of or connected to personal injury, illness, death, or property damage and for any expenses incurred in the rendering of any care and treatment so provided.

I understand that in the event of illness, or discipline problem, when in the judgment of the VBS staff, it is in the best interest of the program and the child to be taken home, I will assume the responsibility for providing transportation home.

Parent/Guardian

Signature \_\_\_\_\_

Print

Name: \_\_\_\_\_ Date: \_\_\_\_\_