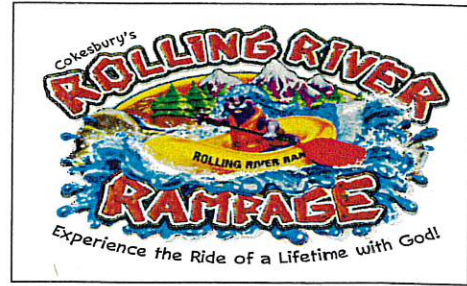


Rolling River Rampage 2018 Registration

University United Methodist Church

www.uumcirvine.org

June 18 - 22, 2018 9:00 - 12:15



Child's Name _____ Date of Birth _____

Age _____ Last grade completed _____ Home Church _____

t-shirt size (please circle one) Youth size XS S M L Adult size S M L

Allergies/Medical info/other _____

Parent/Guardian name _____

Address _____ email _____

Phone: home _____ cell _____ other _____

Emergency contacts: (people authorized to pick your child up from VBS)

Name _____ phone _____ relationship _____

Name _____ phone _____ relationship _____

Other adults (over 18), authorized to pick your child up from VBS

Name _____ phone _____ relationship _____

Name _____ phone _____ relationship _____

Medical Directive: I am the parent or legal guardian of _____.

I hereby authorize and consent to any exam, x-ray, anesthesia, medical or surgical diagnosis, or procedure rendered under the general or special supervision of medical or emergency staff licensed under the provisions of the Medical Practice Act on staff of an acute or general hospital holding a license to operate, issued by the State of California Department of Public Health. I understand this authorization is provided in advance of any specific diagnosis or medical treatment which a physician in the exercise of his/her best judgment deems necessary, I

understand that an effort will be made to contact me prior to rendering treatment to my child, but that any medical treatments will not be withheld if I am not reachable. My authorization given is pursuant to Section 25.8 of the Civil Code of California. I release and hold harmless University United Methodist Church, Irvine, its employees and agents, from any and all liability resulting from illness or accident during VBS. I am responsible for all expenses due for medical attention rendered. I understand the church's agents will attempt to notify me in the event of illness. This release will remain in effect for the duration of VBS.

Parent/Guardian signature _____ Date _____

Insurance carrier: _____

Policy number: _____

Family Physician: _____ phone _____

Date of last tetanus vaccine: _____

Photography permission

Do we have your permission to photograph and/or videotape your child for publicity purposes/social media, website, newsletter and video presentation? _____ yes _____ no

Parent/legal guardian signature _____ Date _____

Payment before June 1st.

\$60 per child _____ Check # payable to UUMC VBS 2018

Cash _____ Online (Vanco)@ uumcirvine.org _____

After June 1st. _____ **\$65 per child** _____

Group _____

___ Yes! I would like to volunteer to help with VBS. Please contact me to see how I can be of help.