



ST. JAMES WEST UMC VBS 2018

FRIDAY, JULY 13TH <=> 6-8PM

SATURDAY, JULY 14TH <=> 10AM-2PM

REGISTRATION FORM

(AGES PRE-K THROUGH 5TH GRADE. ONE FORM PER CHILD, PLEASE)

Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: (_____) _____

Home email address: _____

Home church: _____

T-SHIRT SIZE (CIRCLE SIZE FOR EITHER YOUTH OR ADULT):

- YOUTH** **XS** **S** **M** **L** **XL**
 ADULT **S** **M** **L** **XL** **XXL**

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

I hereby give permission for my child listed above to participate in "Polar Blast" activities at St. James West UMC. I understand that my child will be under adult supervision. In the event of a medical emergency, by signing this form I give permission to the organizers of "Polar Blast" to administer medical treatment as necessary until I can be contacted. I further understand that by signing this form, I release and hold harmless St. James West UMC, its trustees, officers, employees, interns, and any volunteers from any liability, past or future, fully and completely.

SIGNATURE OF PARENT/GUARDIAN

PRINTED NAME OF PARENT/GUARDIAN

DATE