

REGISTRATION FORM

June 24-28, 2024

9:00 AM – 12:00 Noon, Monday – Friday

Closing Program: Sunday, June 30, 2024

Registration \$10/child, maximum \$20.00/family

Proceeds will be used to fund FUMC programs



Child's Name	Grade	Age	Gender

Parent or Guardian Information

Name _____

Phone # _____

Address _____

Emergency Phone # _____

(Where you can be reached during VBS)

City _____

Email Address _____

Emergency Contact if parent/guardian is not available:

Name _____

Phone # _____

NAMES OF ADDITIONAL ADULTS AUTHORIZED TO PICK UP YOUR CHILD(REN)

1) _____

2) _____

PLEASE LIST ANY MEDICAL CONCERNS (include medications, etc.)

PLEASE IDENTIFY ANY FOOD ALLERGIES: _____

PLEASE LIST ANY OTHER SPECIAL NEEDS _____

MEDICAL RELEASE FORM

I (We), the undersigned parent(s) or legal guardian(s) of the minor(s) listed on this form, do hereby authorize adult volunteers of First United Methodist Church of Woodstock as agent(s) for the undersigned, to consent to any medical care deemed advisable by any accredited physician in an approved emergency clinic or hospital. If you are unable to contact our physician as listed below, please accept this letter as your authority to use the doctor on call. I further release from any liability First United Methodist Church of Woodstock, any of its ministries or leaders in the event of any

accident, during VBS. This agreement does not apply to claims for intentional misconduct or gross negligence.

Our preferred physician is _____ Phone _____

Our preferred hospital is _____

Parent/Legal Guardian Name (print) _____

Parent/Legal Guardian Name (signed) _____

PHOTO RELEASE FORM

All photographers taking photographs intended for use in any First United Methodist Church of Woodstock publication must obtain a signed release from any person who is visibly recognized in the photograph or video. Releases must also be obtained for photographs and video used on the Web.

Date _____

I (We) hereby grant First United Methodist Church of Woodstock permission to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by First United Methodist Church, in perpetuity, and for other use by the Church. I will make no monetary or other claim against First United Methodist Church of Woodstock for the use of the photograph/video. I (We) allow our child(ren)

(fill in all children's names)

to have their photos published in print and/or on church website (no names will be used) for Vacation Bible School or other Christian education related activities.

Parent/Legal Guardian Name (signed) _____

OTHER INFORMATION

Church Affiliation, if any _____

We would like to be contacted regarding additional children's programming at FUMC (circle one) Yes
No

How did you hear about us? (circle one) Newspaper Internet Posted Flyer Word of mouth
Member Preschool Other