

2022 Riverside UMC VBS Registration Form

Child 1 name: _____ Gender: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Medications, allergies or medical conditions: _____

Child will be able to attend Sundays, June 5/ 12/ 19 ____ all days

VBS Group (to be completed by VBS Registration Crew): _____

Child 2 name: _____ Gender: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Medications, allergies or medical conditions: _____

Child will be able to attend Sundays, June 5/ 12/ 19 ____ all days

VBS Group (to be completed by VBS Registration Crew): _____

Child 3 name: _____ Gender: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Medications, allergies or medical conditions: _____

Child will be able to attend Sundays, June 5/ 12/ 19 ____ all days

VBS Group (to be completed by VBS Registration Crew): _____

Child 4 name: _____ Gender: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Medications, allergies or medical conditions: _____

Child will be able to attend Sundays, June 5/ 12/ 19 ____ all days

VBS Group (to be completed by VBS Registration Crew): _____

Family will attend Congregational Luncheon on June 26. Y / N number attending _____

Mother's Name: _____ Custodial Parent: Yes ___ No ___

Mother's Cell Phone: _____ Mother's E-Mail: _____

Mother's Address: _____

Father's Name: _____ Custodial Parent: Yes ___ No ___

Father's Cell Phone: _____ Father's E-Mail: _____

Father's Address: _____

(SIGN & DATE BACK OF THIS FORM!)

Emergency Contact Info: _____

Names of people authorized to pick-up child(ren): _____

Parents/Guardians: Please read the releases below and sign at the bottom. This release is valid for one year after signing unless redacted in writing by parents.

Release: To the fullest extent permitted by law, I release Riverside United Methodist Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in VBS. I agree to save and hold harmless Riverside United Methodist Church, its trustees officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

General: I give my consent for my child(ren) to attend meetings, activities, and events, both on site and off site. I will be provided specific event information in advance of any activity that will be taking place off-site.

Medical: In the event of a medical emergency and when a contact cannot be made in a timely manner to me and/or the emergency contact listed, I give my permission for my child(ren) to receive appropriate medical attention. In the event of an unforeseen emergency or any accidents, I release, its employees and Riverside United Methodist Church I am assured that I will be contacted as soon as possible in the event that there is an emergency.

Photograph release: I give Riverside United Methodist Church, the permission to photograph my child(ren) and use his or her picture solely for the church's Sunday morning slides, website or Facebook page. Riverside United Methodist Church will never publish a child's name with any of its publications.

I agree with the above releases.

I withhold Photograph release _____ Initials

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date