

VBS REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Last School Grade Completed: _____ Male/Female: _____

Guardian (s) Name: _____

Home Phone: _____ Cell: _____

In Case of Emergency Contact:

Name: _____

Phone: _____ Cell: _____

Name: _____

Phone: _____ Cell: _____

Special Concerns (allergies, medications, medical conditions, etc.)

Who has Permission to Pick Up this Child from VBS?

Date: _____

Signature of Parent or Guardian: _____

PLEASE FILL OUT BACK OF THIS FORM

Informed Consent

I understand that injuries could occur as a result of participation in VBS games. I understand that these injuries would include minor injuries such as bruises or abrasions, muscle strains, sprains, or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter paralyzed, and that death could occur as a result of a catastrophic injury.

Signature: _____

Permission for Emergency Medical Care and Transportation

I further grant permission for my son/daughter, named above, in case of injury as a result of VBS participation, to be given emergency attention/care by the VBS Nurse, and to be transported to an emergency medical facility, if needed. I understand that all medical costs that could occur from such transport and subsequent treatment are the sole responsibility of the parents/guardians, and I understand that Rockland Church will assume no liability for the cost of said transport or treatment.

Signature: _____

Facebook and Website Consent

_____ Yes, I give my permission for my child's picture to be placed on Rockland's Facebook Page: Rockland Church in Belpre, Ohio

_____ Yes, I give my permission for my child's picture to be placed on Rockland's website:
www.rocklandunitedmethodistchurch.org

_____ No, I do not want my child's picture to be placed on Rockland's Facebook page.

_____ No, I do not want my child's picture to be placed on Rockland's website.

Signature: _____