

VACATION BIBLE SCHOOL REGISTRATION FORM
BETHANY UNITED METHODIST CHURCH
July 13-17, 2009 9 am - 12 noon

REGISTRATION CHECKLIST:

- Completed Registration Form ** Please complete one form *per child* being registered**
- \$15 fee per child (to help cover cost of tee-shirt, snacks, and craft supplies) **Checks payable to *Bethany UMC***
- Optional Medical Emergency Authorization/Information Form

CHILD INFORMATION **Must be 4 years old by Sept 1, 2009 through entering 5th Grade in Fall 2009**

Child's Name: _____

Gender: Male Female Date of Birth: _____ Age: _____ Grade entering in Fall 2009: _____

Tee-shirt size: (select one) 4T XS S M L XL

Does your child have FOOD ALLERGIES or other issues we need to know? Please explain:

If yes, it is recommended that you also complete the Optional Medical Emergency Authorization/Information Form.

PARENT AND EMERGENCY CONTACT INFORMATION

- I will volunteer to help with VBS. **Nursery care will be provided for children of volunteers**
- I will bring a snack—quantity for about 10 children. Select one: Popped popcorn Pretzels ½ gallon of juice/lemonade

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Address: _____

Address: _____

City/State/ZIP: _____

City/State/ZIP: _____

Email: _____

Email: _____

Home phone: _____

Home phone: _____

Cell phone: _____

Cell phone: _____

Work phone: _____

Work phone: _____

Additional person(s) to contact in case of emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

HOLD HARMLESS: As parent(s) and/or legal guardians(s) of this child, I/we hereby release Bethany United Methodist Church, its Members, Trustees, Church Council, Committees, Volunteers and Staff, as well as counselors, organizers, workers, and all others acting on behalf of the Church, from any claim that may be asserted on behalf of myself or my child for personal injuries or illness while participating in Church activities or programs. I/we am familiar with the kind of activities and programs in which my child may be engaged. I/we assume all the risks/responsibilities which may be involved in normal activities and programs affiliated with Bethany United Methodist Church.

MEDIA RELEASE: I/we give permission for Bethany United Methodist Church to use photographs, video, and/or audio recordings of my child for its website and other media promotions.



Don't Miss

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

PLEASE RETURN COMPLETED REGISTRATION TO: Bethany UMC, 3511 Linkwood Drive, Houston, TX 77025