2018 VACATION BIBLE SCHOOL REGISTRATION

Student Name: _____
First Last

Gender: _____(Male) _____ (Female) Date of Birth: _____ Nickname: _____

Grade Completed (6/2018): _____ Home Church: _____

Parent(s)/Guardian(s) Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____ E-Mail Address: _____

Allergies / Special Needs: _____

Emergency Contact Name: _____
First Last

Emergency Contact Home Phone: _____ Cell Phone: _____

I give permission for my child to attend Vacation Bible School. I understand that only the sponsoring churches will use the information I provide for this registration form.

I give my permission for the VBS staff to administer basic first aid to my child in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

I hereby grant The First United Methodist Church, Gouverneur and St. James Parish, Gouverneur permission to use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

_____

Parent/Guardian **PRINTED** **SIGNATURE** **DATE**