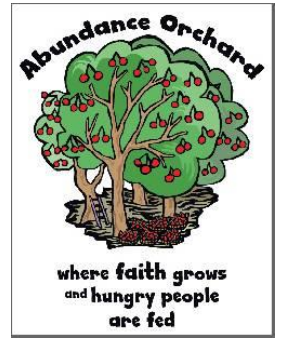


**YOUTH HELPERS**

**Vacation Bible School YOUTH HELPERS**  
(Entering 7<sup>th</sup> Grade & Older)  
**July 22 –25, 2019**  
Monday – Thursday, 9 AM - Noon  
First United Methodist Church  
(Hosted by First United Methodist, St. Paul Lutheran, and  
Art United Methodist)



Youth Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Grade Entering: \_\_\_\_\_

Youth Email: \_\_\_\_\_ Youth Cell: \_\_\_\_\_

Food or other allergies or special needs: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

Emergency Contact if parent/guardian cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Adult(s) allowed to pick child up each day:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\* Dismissal for all ages will be in the Sanctuary. \*\* FAMILY NIGHT Closing Program @6 PM Thursday!**

I give permission for photos/videos of my youth's participation in VBS to be used without names attached both in print and online.

I authorize VBS staff, emergency physicians, and/or EMS to provide necessary medical treatment for my youth.

Signature of parent/guardian: \_\_\_\_\_

**\*\*YOUTH - I would MOST like to help:** \_\_\_\_\_ as an assistant to help a group of children move among centers; with an activity center ( \_\_\_ Crafts, \_\_\_ Music, \_\_\_ Recreation, \_\_\_ Missions, \_\_\_ Bible stories).