

Registration Form for Vacation Bible School 2019

Please fill in the blanks and check all that apply!

1. Participants (see page 2 for additional child information)

Name in full		Boy () ; Girl ()	Age:	Grade:
Mailing address				
Food allergy	No () Yes ()	If yes, please specify:		
Siblings (name only)	1.	2.	3.	4.
Relationship	1.	2.	3.	4.
Dates to Attend	Mon. (), Tue. (), Wed. (), Thu.-Trip (), Fri. session (), and banquet ()			

2. Parents, Guardians, Emergency Contact

[Note: The participant must provide us with information of parents, legal guardians, and emergency contact. They need to provide transportation. Emergency contact should be other than the primary care giver. Any adult drivers designated by the parent must provide valid Driver's License to pick up children. Failure to provide a valid Driver's License may result in your children being able to be released to the individual you designate for pickup]

Parents or Guardians	First Name:	Last Name:	Relationship to the Participants	
Mailing Address				
Contact Information	Email Address:	Cell Phone No.:		
Emergency Contact	First Name:	Last Name:	Relationship to the Participants	
Alt. Adult Driver	First Name:	Last Name:	Relationship to the Participants	
Wish for an adult program	Name of Participant:	Email:	Cell No.:	

3. Waiver (Check all that apply)

I __Do __Do NOT allow the use of any personal information of my children and myself through media published by Lanham United Methodist Church, except for the name of my children (), activity picture of/with my children (), awards or personal testimony of my children (), during the VBS events. __Lanham may use the names, event photos or testimonies for the promotion of Children's Ministry!

4. Parental Permission and Affidavit of Support

By signing this I affirm that all the information herein is correct and agree that my child may participate in the VBS. I agree that Lanham United Methodist Church is not responsible for loss of any valuables or personal belongings, which my child may bring with them to the VBS.

I agree that in the event my child suffers an injury requiring medical attention that Lanham United Methodist Church of its authorized representative may seek emergency medical treatment for such injury.

5. Insurance on Bus Trip and Liability: I __ do authorize my child/children to participate in the Bus Trip activity. In the event of a medical emergency, I authorize Lanham United Methodist Church to seek medical treatment for my child/children and agree any costs and fees for medical treatment shall be billed and paid by myself as the parent/guardian of the child/children.

Signature

Print Name

Date