



2018 Rockford Community UMC

VBS Registration

August 20-24th; 9:00 a.m. - Noon

Ages 5 to 12

One form per child, please.

Student First Name: _____

Student Last Name: _____

Age: _____ Gender: Male Female

Grade Entering: _____

Home Church (if applicable): _____

Allergies: _____

Medical Issues or Special Needs: _____

Note: if your child requires one-on-one supervision, we ask that a parent be with them at VBS.

Parent Name(s): _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Name and Phone: _____

Alternate Pick-up Name and Phone: _____

Medical Release: 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.

Photo Release: I hereby grant the above named church permission to copy right and use photographs/videos taken at VBS of the minor designated above in any manor or form for any purpose lawful at any time.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. VBS will be held at the RUMC and in the Rockford Park. I understand that the information I give for this registration will only be used by the VBS hosting church, and that all registration information will only be used for VBS mailings in the future.

Parent Signature: _____ Date: _____