

Saint Paul UMC VBS Registration
August 1-3, 2017
5:30 – 8 PM

ROME

Paul and the Underground Church

Names of Children and ages:

1. _____
2. _____
3. _____
4. _____
5. _____

Parent(s) names: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email address: _____

In case of emergency, contact: _____

Allergies or other medical conditions: _____

Home Church: _____

I give authorization for my child's photograph to be taken during Saint Paul UMC VBS 2017 and I authorize for the photos to be published in newsletters, media presentations or websites. Please sign yes or no: _____

Permission, Consent to Medical Treatment and Hold Harmless Agreement:

As the legal guardian or having legal custody of

__ I hereby give my consent and permission for my child to participate in Saint Paul UMC's Vacation Bible School August 1-3, 2017. In the event that my child is injured during any VBS activity and as a result requires medical treatment or attention, I hereby consent to any such treatment as deemed necessary by a licensed physician or other professional medical personnel. In the event that a physician and or hospital personnel refuses to treat without my express

consent and all attempts to contact me by phone, etc. have been unsuccessful, I give Rev. Phyllis Vail authority to grant my consent on my behalf. In the event it becomes necessary for Rev. Phyllis to give consent on my behalf, I agree to hold her and the church free and harmless from and against any and all claims, actions, damages, liability, costs and expenses, including attorney's fees, that result from injury to person or property or loss of life arising from the giving of such consent, so long as treatment is administered by or under the supervision of a licensed physician and or other professional medical personnel. I further agree that if treatment is administered, I will be responsible for the cost of such treatment.

My insurance policy is with _____ and my policy number is _____. In the event there are any out of pocket expenses incurred by Saint Paul UMC in connection with such treatment, I agree to reimburse Saint Paul UMC the full amount of such expenses.

I further agree to indemnify and hold harmless Saint Paul UMC, its staff, its volunteers and pastors (collectively referred to as the "Church") from and against any and all claims, actions, damages, liability, costs, and expenses, including attorney's fees, that result from injury to person or property or loss of life sustained during any VBS activity.

Signatures:

Relationship to Child _____ Date _____

Medical:

Please list any special medications, medical conditions, or allergies for your child.

1. child _____ / condition & medication _____

2. child _____ / condition & medication _____

3. child _____ / condition & medication _____

4. child _____ / condition & medication _____

5. child _____ / condition & medication _____

I would like to preorder t-shirts for my child: \$10 per shirt

Size _____ number _____

Size _____ number _____

Size _____ number _____

Size _____ number _____

Size _____ number _____