



## Central United Methodist Church

July 19th—23rd

9:00am—12:00pm

Ages: 2-15

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Home Church \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell \_\_\_\_\_

Father's Work # \_\_\_\_\_ Father's Email \_\_\_\_\_

In case of Emergency Contact person other than parent: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I give my permission for my child to take part in VBS which is conducted by Central United Methodist Church (CUMC) through its employees and volunteers acting on CUMC's behalf. I agree to allow my child to participate in this event. I authorize CUMC and its employees and volunteers to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services. I release CUMC, its employees and volunteers of all liability and claims of any nature arising out of or resulting from the participation of my child in the VBS activities. I have read and understood these terms and I am in agreement with them.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

