

Terrace United Methodist Church

## Drama Bible Summer Camp

June 10-14, 2019  
Show on June 16, 2019

# Camper Registration Application (4 years old by May 1<sup>st</sup> – 8<sup>th</sup> Grade)

**DUE DATE June 3, 2019**

Camper's Last Name \_\_\_\_\_ First \_\_\_\_\_

(Name Tag) \_\_\_\_\_ DOB \_\_\_\_\_ Grade as of 9/1/19 \_\_\_\_\_

Allergies or limitations \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_

Parent 1 Cell # \_\_\_\_\_ Parent 1 Office # \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Parent 2 Cell # \_\_\_\_\_ Parent 2 Office # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

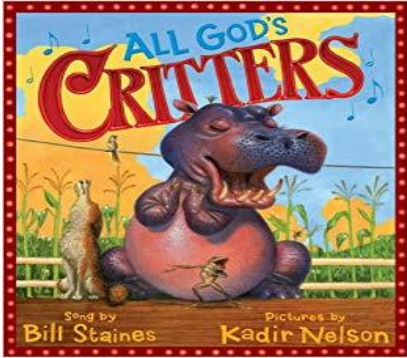
Home Church \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Cell # \_\_\_\_\_

Email Address for Drama Bible Summer Camp messages **(REQUIRED)**

\_\_\_\_\_



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**The staff and volunteers of Terrace United Methodist Church (TUMC) are determined to provide a safe and nurturing environment for your child. However unforeseen accidents can occur. Please read the following then complete and sign below. Thank you.**

The undersigned gives permission for his/her child \_\_\_\_\_ to participate in Vacation Bible School (VBS) and releases TUMC, its officers, employees and agents from any liability whatsoever for injury or death or loss of or damage to property sustained by the undersigned for any member of his family in attendance, and the undersigned agrees to defend and indemnify TUMC, its officers, employees, and agents from any liability or loss they might sustain by reason thereof. In the event of an EMERGENCY, we will attempt to contact you. If you cannot be reached, your signature below indicates that you grant the Director of VBS, or her designee, permission to seek medical treatment for your child and indicates your consent for your child to receive any medical treatment deemed necessary by the examining physician. It further indicates that you have full financial responsibility for any such care.

By signing this registration form you also agree that any photographs of your child at or during this event may be used in future TUMC publications as deemed appropriate.

Medical Insurance Co. \_\_\_\_\_

Member ID \_\_\_\_\_ Group No. \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Mail or Deliver Registration and \$25 Check: [Terrace UMC; 1203 Wirt Road, Houston, TX 77055](#) For more Info call 713-686-4328

Office Use only	\$ _____	# _____	Date _____	Group _____	<input type="checkbox"/>	_____
Siblings & ages	_____					
Family volunteers	_____					