



Terrace United Methodist Church

# Vacation Bible School

## June 18 - 21, 2018 9 a.m. - Noon

### *Tales of the Sea*

For Children **4 yrs** by 5/1/2018 through **5<sup>th</sup> grade** **Camp Fee \$25** per child

## V.B.S. Registration Form

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Prefers (Name Tag) \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade as of 9/1/18 \_\_\_\_\_

Allergies, fears or limitations \_\_\_\_\_

Anything else we should know about your child? \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Mom Cell # \_\_\_\_\_ Mom Office # \_\_\_\_\_ Dad Cell # \_\_\_\_\_ Dad Office # \_\_\_\_\_

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

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

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

Email Address for VBS messages (REQUIRED) \_\_\_\_\_

<p><b>Office Use only</b> \$ _____ # _____ Date _____ Group _____ <input type="checkbox"/></p> <p>Siblings &amp; ages _____</p> <p>Family volunteers _____</p>
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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 Registration and Check : Terrace UMC, 1203 Wirt Road, Houston, TX 77055 For more Info call 713-686-4328**

**Application Due by June 4, 2018**