

Vacation Bible School Registration

**Zoar United Methodist Church**

3895 Zoar Church Road, Snellville, GA 30039, 770-972-5905



July 15-18, 2018: 9:30am-12:30p.m. (Monday-Thursday)

**Ages: 4-11 years old**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade completed '19 school year: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact (if parents cannot be reached) \_\_\_\_\_

Phone number: \_\_\_\_\_

Please list who can pick up your child: \_\_\_\_\_

\_\_\_\_\_

Do you have a church home? \_\_\_\_\_ If so, where? \_\_\_\_\_

How did you hear about Zoar's VBS? \_\_\_\_\_

*Parents must sign the Zoar Liability Release on the back of this form.*

## Zoar UMC 2019 VBS Liability Release Form

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physical allergies or limitations \_\_\_\_\_

List any medications child is currently taking \_\_\_\_\_

Medical insurance \_\_\_\_\_

Policy No. \_\_\_\_\_

Name of Insured \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

### Parents

I hereby give my permission and approval as parent and/or guardian of \_\_\_\_\_ to attend/participate in activities sponsored by Zoar UMC, effective July 15-18, 2019. It is my understanding that these activities are approved by the church and are appropriately chaperoned by leaders and parents. **This consent is in effect until written revocation is made.** I hereby release Zoar United Methodist Church, staff, and volunteers from responsibility and liability for any injury, illness, or loss of life that my child may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader from the church participating in this activity to act as an agent for me and to consent to: any x-ray examination, medical or dental or surgical diagnosis, medical treatment, and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, whether at a doctor's office or in any hospital. I expect to be contacted as soon as possible in the case of such injury that requires medical attention.

Please be advised that your child(ren) may be photographed or video taped during VBS. This media may be used during Sunday worship, on Zoar UMC's facebook page and/or web page.

**Parent or Legal Guardian Signature** \_\_\_\_\_

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