

SUMMER 2008 VACATION BIBLE SCHOOL

Parker United Methodist Church – 11805. S. Pine Drive, Parker, CO 80134

303-841-3979 www.parkerumc.org July 20 – 23, 2008

Please complete a form for each child you have participating!

Child's Name _____ Parent/Guardian Name _____

Address _____

E-Mail Address _____ Home Church _____

Phone Numbers :Home: _____ Cell: _____ Work: _____

Allergies/Medical Information/Other _____

Emergency Contacts Name _____ Phone _____

Child's Date of Birth _____ Age _____ Last School grade completed _____

Is there a friend or sibling that you want your child to be in the same group with? If yes, name of child _____

Name(s) of person(s) who may pick up this child from VBS _____

I will help with Vacation Bible School in the following ways:

Craft Leader _____ Snack Leader _____ Music/Drama _____ Story Teller _____ Group Leader _____

Games/Recreation Leader _____ Donate an item from the wish list _____

Donate funds to help cover expenses (please note VBS mission in the memo section of your check)

Check # _____ Amount: _____

While volunteering, I will need childcare in the church nursery for _____ children.

MEDICAL RELEASE

I understand that every effort will be made to contact me in the event of any accident, illness or injury to my child, but in the event that I cannot be reached, I hereby authorize a Parker United Methodist Church representative to consent to whatever medical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries or illness. In the event emergency transportation is needed, I give my consent.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable.

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in Vacation Bible School. As with any activity or event, I understand that there are risks in my child's/ward's participation. I hereby agree on behalf of my child to assume any and all risk of bodily injury, death or property damage, arising out of, or caused by my child's participation in Vacation Bible School. I hereby release Parker United Methodist Church and any of its affiliated organizations, agents, employees and volunteers from all actions or claims that my child heirs and/or legal representatives now have or may hereafter have for bodily injury, death, and property damage resulting from my child's participation in this activity.

Parent/Guardian Signature and Date _____

