



BERWYN UNITED METHODIST CHURCH

CHILDREN'S PROGRAM

VACATION BIBLE CAMP

Sunday JULY 15 - Thursday JULY 19, 2018

REGISTRATION FORM

Please complete both sides of form and submit with payment.

Camper's Name _____
(Age 4 through 5th grade)

Birth Date _____ Entering Grade _____
(Used to group pre-elementary school children)

Parent's Name(s) _____

Camper's Address _____

City _____ Zip Code _____

E-mail _____
(Used for program email only)

Phone No. 1) _____ (circle) Cell Home Work

2) _____ (circle) Cell Home Work

3) _____ (circle) Cell Home Work

Who is authorized to pick up this child from VBS, other than the parents listed above?

1. _____

2. _____

I give permission for my child's pictures to be used in a VBC slideshow (For Berwyn UMC only). YES / NO

Can you help with VBS? YES / NO / MAYBE (please circle)

Your Name _____ Phone _____

Registration Forms

Completed registration forms and fee should be delivered or mailed to the church office (address on the front).
Additional registration forms are available at www.berwynumc.org

REGISTRATION FEE

BEFORE July 1 - \$15 for one child, \$25 for two children, \$30 for three children in the same family

AFTER July 1 - \$20 for one child, \$30 for two children, \$35 for three children in the same family

Checks should be made payable to Berwyn U.M.C. in memo line "VBC"

Please complete the reverse side!

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MEDICAL INFORMATION AND AUTHORIZATION FORM

1. Any allergies or medical concerns? YES / NO (please circle)
If yes, please detail allergies and extent of allergies below.

NOTE: If this student has any food allergies, you may be required to provide the daily meal. (Water will be provided.)

2. Please detail any other medical conditions, behavioral issues or special needs that we should be aware of. Include any medications this student is currently taking.

Emergency Contact

Name ----- Phone No. -----

Cell Phone Number ----- Work Number -----

Parent's Signature:----- Date -----

Release of Liability

I release Berwyn Methodist Church and its ministers, leaders and volunteers from any claim that my child or I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. I further agree to indemnify and hold harmless Berwyn Methodist Church and its minister, leaders and volunteers from any and all claims arising from my child's participation in these activities, or as a result of injury or illness of my child during such activities.

First aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Berwyn United Methodist Church to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment.

I represent that I am the parent/guardian of -----

I give permission for the child named above to participate in the Vacation Bible School of Berwyn United Methodist Church. I hereby consent to the Release of Liability and Emergency Medical Treatment above, on behalf of the child and agree that this form shall be binding upon me.

Signature of Parent or Legal Guardian

Date