

REGISTRATION



FRIENDSWOOD UMC'S
 VBS 2010
 IS GONNA ROCK!
 JUNE 21 THROUGH 25
 9 A.M. UNTIL 12 NOON

REGISTRATION FEES
 \$20 per child
 Maximum \$50 per family

(Includes t-shirt and ticket to GO FISH concert on June 24th)

Child's Name _____
 Date of Birth _____ Grade Completed _____ Age _____
 Special Needs/Allergies _____
 Friend Request _____
 T-Shirt Size (Kids' Sizes) Small _____ Medium _____ Large _____ X-Large _____

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PARENT/GUARDIAN _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ CELL PHONE _____
 EMAIL ADDRESS _____ CAN PROVIDE SNACK ITEMS Y _____ N _____
 EMERGENCY CONTACT NAME AND NUMBER _____
 FOR PARENT VOLUNTEERS ONLY – VOLUNTEER AREA ASSIGNED _____

CONCERT TICKETS

VBS REGISTRANTS: _____
 # VBS VOLUNTEERS: _____
 # PURCHASED TICKETS: _____
 TOTAL # TICKETS: _____



Pictures taken at events and performances will be used in Friendswood UMC publications. If you prefer your child's picture not be used, please notify us in writing.

PERMISSION/MEDICAL RELEASE
For Friendswood United Methodist Church
Children's Ministries SUMMER PROGRAMS

By my signature, I _____ the parent/guardian of:

hereby grant my permission for him/her to participate fully in the Friendswood United Methodist Church activities planned during Summer Programs for 2010. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain any medical attention and/or treatments for my son/daughter that may be needed.
2. An agreement to hold harmless for damage based on negligence of Friendswood United Methodist Church, any of its employees or any of the accompanying adult leaders, arising out of any incident during any of our activities or trips.
3. An agreement to indemnify Friendswood United Methodist Church, any of its employees and/or adult leaders for any damage they incur as the result of the negligence or intentional acts of my son/daughter.

I have listed on the Camp Registration Form(s) any and all special medical problems/conditions/instructions concerning my son/daughter and have taken the opportunity to discuss these problems with one or more of the adult leaders working with my child.

Signature _____ Date _____

WITNESS:

NAME (PRINTED)

SIGNATURE

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