

Vacation Bible School 2010



June 20-24

6:30-8:00pm

For Children age 3 through those entering 5th Grade in the Fall
JAMESTOWN UNITED METHODIST CHURCH
403 E. Main Street in Jamestown, NC 27282
(336) 454-2717

To Register complete the registration form and return to JUMC with attention to
Pastor Stacy Sprinkle or Rachel Ruth. Forms can also be found on the
church website, www.jumc.org.

"For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope and a future." Jeremiah 29:11

Donations to offset the cost of t-shirts are welcome. Please write check to JUMC/VBS.

VBS Registration Form

Complete one form for each child



Child's Name: (First and Last) _____

Special Needs / Allergies / ADHD / etc ... _____

Male ___ Female ___ Birthday (mo/day/yr) ___/___/___ Age as of June 2010 _____

Registering for (mark according to age as of June 2010 or grade entering Fall 2010):

___ Infant Nursery (under 1; not walking) ___ Toddler Nursery (ages 1-2)
___ 3 year olds ___ 4 year olds ___ 5 year olds / Kindergarten
___ 1st Grade ___ 2nd Grade ___ 3rd Grade ___ 4th Grade ___ 5th Grade

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Cell Phone: (____) _____

Home Church: JUMC ___ Other: _____

E-mail Address (**PLEASE PRINT CLEARLY**): _____

In case of emergency, contact: _____

Relationship to child: _____ Phone # _____

PARENTAL CONSENT & LIABILITY RELEASE

Insurance Company _____ Policy # _____

Physician's Name _____ Physician's Phone # _____

The undersigned does hereby give permission for our/my child, to attend and participate in any and all VBS activities/events sponsored by Jamestown United Methodist Church. I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I understand all reasonable safety precautions will be taken at all times by the Jamestown United Methodist Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Jamestown United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form for any or all of the VBS activities or events. We (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant) do hereby release, forever discharge and agree to hold harmless Jamestown United Methodist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any or all VBS activities or events. Furthermore, we (I) [and on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. I also give Jamestown United Methodist Church permission to use my child's photo in future publications, brochures, communications, on the church website and other publications used by the church.

Parent's Signature _____ Date _____

