



Christ United Methodist Church
Watertown, WI
Vacation Bible School Registration
(One form per child, please)

July 20 - July 24

Student First Name: _____

Student Last Name: _____

DOB/Age: _____

Grade Just Completed: _____

Home Church (if applicable): _____

Allergies: _____

Reaction: _____

Medical Issues/Special Needs: _____

Buddy for VBS: _____

Primary Pick Up Name and Phone Number: _____

Alternate Pick Up Name & Phone Number: _____

*Parent(s) Name: _____

*Address: _____

*Email: _____

*Phone Number: _____

Emergency Contact (Name & Relationship): _____

Emergency Contact Phone Number: _____

Other information you would like us to know about your child: _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant Christ United Methodist permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by Christ United Methodist Church.

Parent Signature

Date

Please mail form to: Christ United Methodist Church - Attn: Kristin
112 Hall Street Watertown, WI 53094