

Bayside United Methodist Church (BUMC)

Summer Camp VBS Registration Form 2024

Student Name _____ Registration Date ____/____/____

School _____ Grade (In Sept) ____ Session 1__ Session 2__ Both__

Date of Birth ____/____/____ T-shirt Size (circle one) S/M/L/XL/2XL

Address _____ Zip _____

Parent/Guardian: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Parent/Guardian: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Telephone: _____ Cell Phone: _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

****Any special instructions, such as custody or restraining orders must be attached to this application and**

discussed **Waiver and Release of ALL Claims**

Please read this form carefully and be aware of registering your child for the Bayside UMC VBS program at Bayside United Methodist Church.(BUMC) Bayside UMC VBS is licensed by the New York City Department of Health and Mental Hygiene. Bayside UMC VBS is inspected twice yearly and includes the address where inspection reports are filed. You will be waiving and releasing all claims for injuries you or your child might sustain arising out of Bayside UMC VBS. (BUMC). I recognize and acknowledge that there may be certain risks of physical injury to participate in Bayside UMC VBS (BUMC) and I agree to assume the full risk of any injuries, damages, or loss, regardless of severity in which my child and I may sustain as result of participating in any and all activities connected with such program(s). I agree to waive and relinquish all claims that my child and I may have as a result of participating in the program against Bayside UMC VBS (BUMC) and its officers, agents, servants, volunteers and employees. I agree that once a deposit is made, that deposit is non-refundable.

I do hereby fully release and discharge Bayside UMC VBS (BUMC) and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by my child and me arising out of connection with, or in any way associated with the activities of the program(s). In the event of any emergency, I authorize Bayside UMC VBS (B UMC) officials to secure from any licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for me and my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I do hereby fully release and discharge Bayside UMC VBS (B UMC) and its officers, agents, servants, volunteers and employees from all medical services rendered.

I have read and fully understand the program details, waiver, release of all claims and permission to secure treatment on the above.

Parent/Guardian's name (print your name)

Signature

Date

Parent Authorization Form

Please print all information clearly

Name of student: _____ Today's Date _____

Bayside UMC VBS (BUMC) reserves the right at its sole discretion to refuse an application or dismiss a student from camp/programs. No refund will be made of fees if the child has attended any portion of the program's period. Bayside UMC VBS (BUMC) also does not give credits or make up days/classes for the time that students missed. Parent/Guardian's Signature: I understand and accept these guidelines

Parent/Guardian's Signature: _____

I give Bayside UMC VBS permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at (BUMC) and can be used for promotional purposes without notification.

Parent/Guardian's Signature: _____

I give permission for Bayside UMC VBS to transport my child off (BUMC) property for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: _____

I authorize the Bayside UMC VBS management to act as the agent of the parents in any emergency situations or to administer basic first aid for the health and welfare of the student involved. I am responsible for the expenses involved if the services of a physician or hospital is required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: _____

Hospital preferred _____

By signing below, I agree to adhere to all the Policies and Procedures set for by the Bayside UMC

VBS. Parent/Guardian's Signature: _____

Student's Medical Information Form **Please print all information clearly**

The medical background of each student is required as part of the Bayside UMC VBS registration process. The program director must be advised in writing of any condition that would limit the student's ability to participate in any program.

Child's Name _____ Date of Birth _____ Child's

Pediatrician's Name _____ Phone number _____

Date of last physical _____

Date of last tetanus shot _____

Medical conditions _____

List of past medical treatments _____

List all current medications regardless of whether it needs to be taken at camp or not:

Will your child need to take any prescription medications while at camp? Yes/No

If yes, please send your child's medication in a zip-lock bag with your child's name on it on the first day that they attend the programs.

Allergies: (Please put N/A if your child does not have an allergy)

Food _____ Medication

_____ Insect

_____ Other

Does your child require an Epi-pen? _____ If yes, you must provide Bayside United Methodist Church VBS (BUMC) with an Epi-pen to be kept at the program during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for health reasons: _____ Bayside
UMC 38-20 bell blvd. Bayside NY 11361 | Phone 917) 545 – 6769 / 718) 229 – 4024

For Office Use Only

Student Name(S) _____

Reg. Date _____

Paid Amount \$ _____

Balance Due \$ _____

Form of Payment: Check Cash Venmo Other: _____

NOTES: _____

PAYMENT RECEIPT

Date: _____

Recipient Name: _____

Amount \$ _____ FOR VBS 2024

Balance Due \$ _____

Form of Payment: Check Cash Venmo Other: _____

Check List

Staff/Pastor Discount

Session 1

Session 2

Both

Paid In
Full

Received by: _____

Signature: _____