

# VBS Registration Form



Please complete one form per child and mail or deliver with payment to:

St. Andrew's By-the-Sea UMC  
2001 Calle Frontera  
San Clemente, CA 92673

Children must be ages 4 and older.



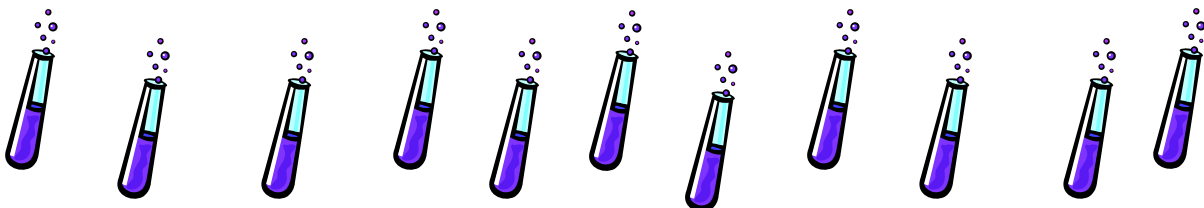
Child's Name: \_\_\_\_\_  
Child's Date of birth: \_\_\_\_\_  
Last school grade completed: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home telephone: \_\_\_\_\_  
Parents' Names: \_\_\_\_\_  
Cell or alternate telephone: \_\_\_\_\_  
Parent's e-mail address: \_\_\_\_\_  
In case of emergency, contact: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Allergies/Special considerations: \_\_\_\_\_  
\_\_\_\_\_  
Home church: \_\_\_\_\_

**If your child is between 4 and 6 years old**, you may indicate the name of one friend your child might like to be with:

\_\_\_\_\_

We will do our best to place your child with his/her friend, but sometimes it is not possible.

For Church Use: Crew number \_\_\_\_\_ Paid by: \_\_\_ Cash \_\_\_ Check # \_\_\_\_\_



# St. Andrew's By-the-Sea United Methodist Church Medical Release and Permission Form

## STUDENT NAME:

### MEDICAL HISTORY

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_  
Physician \_\_\_\_\_ Office Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_  
Medications \_\_\_\_\_ Dosage \_\_\_\_\_  
Allergies \_\_\_\_\_ Conditions \_\_\_\_\_  
Physical Disabilities \_\_\_\_\_  
Special needs \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form.

Should this child's activities be restricted for any reason? (Circle one) Yes No

If yes, please explain: \_\_\_\_\_

### PERMISSION AND RELEASE

\_\_\_\_\_ has my permission to attend Vacation Bible School sponsored by  
Name of Student activity  
St. Andrew's By-the-Sea United Methodist Church (hereinafter the "Church") from July 21, 2008  
Name of Organization Date  
to July 27, 2008.  
Date

*This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.*

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home and my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_