



REGISTRATION FORM

CHILD'S INFORMATION

Child's name: _____

Parent/Guardian's name: _____

Sex:

M F

Address: Enter address here

E-mail address: _____

Home/Cell phone no.: _____

T-shirt size (please indicate Youth or Adult)

AGE INFORMATION

Date of Birth: _____

Age: _____

Last school grade completed: _____

ALLERGIES/MEDICAL/INFORMATION/OTHER

EMERGENCY CONTACTS

Name: _____

Phone: _____

Name: _____

Phone: _____

DISMISSAL INFORMATION

Name(s) of person(s) who may pick up this child from Vacation Bible School:

PERMISSION TO USE PHOTOGRAPH

I grant to Brock United Methodist Church, the right to take photographs of me and my family in connection with BUMC events. I authorize Brock United Methodist Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Brock United Methodist Church may use such photographs of me and my child(ren) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above: (by not signing, you are NOT granting permission for photos)

Signature: _____