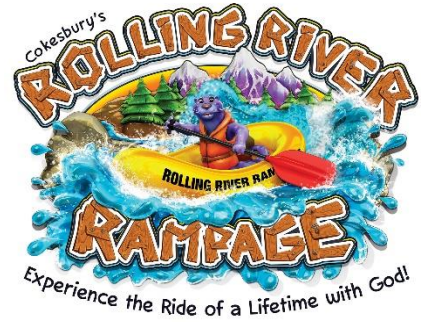


**JUNE 11-15, 2018**

**9:00a.M.-12:00p.M.**



## Registration Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Grade Completed (*K to 5<sup>th</sup>*) \_\_\_\_\_ Home Church \_\_\_\_\_

T-shirt size (*Circle One*) Youth: 2/4 6/8 10/12 14/16 Adult: S M L XL 2XL

### Contact Information

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (*Street*) \_\_\_\_\_

(*City*) \_\_\_\_\_ (*Zip*) \_\_\_\_\_

Email Address \_\_\_\_\_

### Medical Information

Allergies \_\_\_\_\_

Specific Medical Conditions or Illness \_\_\_\_\_

Insurance Information \_\_\_\_\_

**More INFORMATION on the Back**

## Emergency Contacts

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

## Liability Waiver

*I assume the responsibility and costs connected with the treatment for any injury that may occur to \_\_\_\_\_ while attending Vacation Bible School and release Angleton First United Methodist Church from any liability. I authorize treatment under the direction of any licensed physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the numbers listed below.*

This release is valid for the duration of Vacation Bible School (June 11-15, 2017).

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

(Cell) \_\_\_\_\_

(Home) \_\_\_\_\_

(Work) \_\_\_\_\_

Primary Physician \_\_\_\_\_

Phone \_\_\_\_\_

