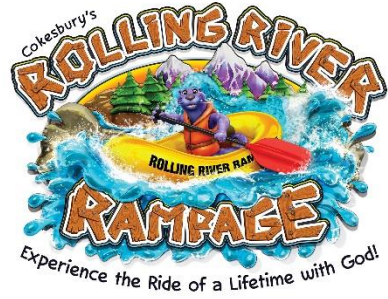


JUNE 11-15, 2018

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



Youth Volunteer Form

Name _____ Phone _____

Requested Area of Service _____

Grade this fall _____ T-shirt size _____ (Adults and youth shirts \$7)

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 assisting with 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 number listed below.

This release is valid for the duration of Vacation Bible School (June 11-15, 2018).

Signature _____

Date _____

Print Name _____

Relationship to child _____

(Cell) _____

(Home) _____

(Work) _____

Primary Physician _____

Phone _____

