



Vacation Bible School Registration

Fifth Avenue United Methodist Church
323 S. Fifth Ave., West Bend, WI 53095
262-334-2059/www.faumc.org/church@faumc.org

Thursday, July 13-Saturday, July 15, 2017

9:00am-1:00pm

Free for ages 4 – 12

Please return form (one per child) by **June 30, 2017**, to the Church Office at 323 S. Fifth Ave., West Bend, WI 53095.
(Additional forms available at church).

Child's Name: _____

Parent/Guardian: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

E-mail: _____

Age: _____ Last School Grade Completed: _____

Allergies or other medical condition: _____

Emergency contact: _____

Mother (Cell): _____

Father (Cell): _____

RELEASE FORM: The undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of said child in all of the activities of Vacation Bible School at Fifth Avenue United Methodist Church. I/We understand that the church will notify a parent or guardian in case of a medical emergency involving said child; however, in the event a parent or guardian cannot be reached, the church is expressly directed and authorized to seek necessary medical attention and serves on behalf of said child in the event said child is injured or becomes ill, including, but not limited to medical or surgical care, including diagnosis and treatment to be rendered to him/her by a licensed physician or surgeon, or by any licensed hospital, when accompanied by an adult leader/sponsor of the children's ministries of Fifth Avenue United Methodist Church, West Bend, Wisconsin. The undersigned assumes full financial responsibility of such care, including prescribed medications and transportation by ambulance and agrees to make full payment for same upon receipt of statement of fees. I/We do hereby for a good and valuable consideration, agree to indemnify and hold harmless Fifth Avenue United Methodist Church, West Bend, Wisconsin, staff and sponsors from any and all actions, claims demands, suits or other liabilities which may result from the above named minor's involvement in Vacation Bible School as stated above.

Signature of Parent/Guardian: _____

Date: _____

Dismissal information: Name(s) of person(s) who may pick up this child from VBS:

