



# VBS REGISTRATION FORM

# JUNE 18-22, 2018

## 9:00AM - NOON

### GEAR UP FOR AN ADVENTURE!

*Kids discover how Jesus rescues them through life's storms and learn to look for evidence of God all around them.*

VBS FOR PRE-K POTTY TRAINED - 5TH GRADE

**Cost: \$35 for first Child, \$25 for second, & \$65 for family**

**VBS LOCATION: TEMECULA UNITED METHODIST CHURCH - 42690 Margarita Road**

Children's Names	Date of Birth	Allergies or Concerns
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

My child \_\_\_\_\_ wishes to be with his/her friend \_\_\_\_\_ age \_\_\_\_\_

My child \_\_\_\_\_ wishes to be with his/her friend \_\_\_\_\_ age \_\_\_\_\_

CONTACT INFO

Parent/Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**TOTAL**

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\_\_\_\_ Please consider me for a VBS Scholarship



I wish to Volunteer \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_ Before VBS    \_\_\_\_ During VBS    \_\_\_\_ Both

Please drop this form  
(with payment) off at:

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Temecula United Methodist Church  
42690 Margarita Road  
Temecula, CA 92592

# VACATION BIBLE SCHOOL PERMISSION SLIP

## Temecula United Methodist Church

Temecula United Methodist Church, their volunteers and staff have permission to use photographs slides or video in which my child(ren) \_\_\_\_\_  
Appear(s) for showing in worship, on the website and other publicity purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### AUTHORIZATION OF CONSENT FOR TREATMENT

We, the undersigned parent/guardian of \_\_\_\_\_ do hereby authorize the bona fide official of the Temecula United Methodist Church as agents for the undersigned to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable as is to be rendered under the provisions for the Medical Practice Act by the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I hold harmless the California-Pacific Conference, Temecula United Methodist Church, its Boards, Officers, Members, Clergy, Staff, Agents and Volunteers from any and all claims, loses, costs, obligation and liabilities for injuries to any persons for damages to or loss of property of any kind in anyway arising out of participation of the above mentioned person, whether or not arising from any alleged negligence fault or legal liability of the California-Pacific Conference, Temecula United Methodist Church, its Boards, Officers, Members, Clergy, Staff, Agents and Volunteers. A photocopy or other reproductions of the authorization shall be considered as an original, California Civil Code; Section 25.8

\_\_\_\_\_  
Parents Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

(\_\_\_\_\_)\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
City, State, Zip

### EMERGENCY INFORMATION

\_\_\_\_\_  
Person to be called in case of emergency

(\_\_\_\_\_)\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Insurance Group & Medical Group & #

\_\_\_\_\_  
Doctors Name

(\_\_\_\_\_)\_\_\_\_\_  
Doctors Phone