

Vacation Bible School, 2018

Gore United Methodist Church

June 11-13

9am-12pm

(K thru 6th grade)

7th grade & up will be assistants/volunteers

Dear Parents,

Please complete one registration/medical release for EACH CHILD who is enrolling along with your volunteer interest sheet. We appreciate your help if you are available to serve in any capacity. Childcare will be available for younger children (under 4) of all volunteers. Place all forms in an envelope and drop off at the church.

Questions? Contact Marcia Martin, Pastor at marcia.martin@yahoo.com or 918-223-5686

Dear Friends,

Vacation Bible School 2018 will take place in June for three consecutive days beginning on Monday, June 11th. *Since VBS runs on volunteer power, we appreciate your help.* There are a variety of jobs requiring varying degrees of commitment. Child care is available for volunteer's children age 4 and under.

Please review the following options and circle any that interest you. Where there are days of the week listed, please circle the days you *are* available:

Group Helper M, Tu, W

Crafts Coordinator/Craft table supervisor: M, Tu, W

Recreation Assistant: M, Tu, W

Music Assistant: M, Tu, W

Set Up/Take Down: Sunday, June 10th or Wednesday June 13th (circle one or both)

Your name (please print): _____

Circle the one that applies to you:

Adult over 21 Adult 18-20 Youth 15-17 Youth 12-14

Daytime phone: _____ Evening phone: _____

Email: _____

Thank you!

Vacation Bible School Registration Form, 2018
Gore United Methodist Church 918-489-5313 918-223-5686

June 11-13, 2018, 9am-12pm daily
For children K thru 6th grade

******FEE: FREE but donations are appreciated******

Name of Child: _____

Age _____ Date of Birth _____

Street address: _____

City/State _____ Zip Code _____

Parent/guardian name(s):

(1) _____

(2) _____

Home phone: _____ Par/Guard/ #1 Cell _____

Work phone(s): _____ Par./Guard. #2 Cell _____

Email address(es):

(1) _____

(2) _____

Other Person(s) who have permission to pick up your child:

Name: _____ Contact number _____

Name: _____ Contact number _____

**I/we give our permission for _____ to participate fully in
Vacation Bible School at Gore United Methodist Church June 11-13, 2018**

Date: _____

X _____

Signature(s) of Parent(s) or Guardian(s)

**MEDICAL RELEASE FORM
GORE UNITED METHODIST CHURCH
VACATION BIBLE SCHOOL**

HEALTH HISTORY

The information on this form is gathered to assist us in identifying appropriate care. This form is to be completed by the parent(s) or legal guardian(s) of minors.

Does the child have any physical condition requiring special care? Please explain.

Does the child have any allergies, i.e.: food, meds, etc? If so, describe reaction and treatment.

Explain any activity restrictions:

Do you carry family medical/hospital insurance?

Yes No If so, indicate: Carrier _____

HEALTH, EMERGENCY, AND AUTHORIZATION INFORMATION FORM

I understand and certify that my child's participation in Gore United Methodist Church Vacation Bible School program held at the church and its activities is completely voluntary. I recognize that certain hazards and dangers are inherent in Vacation Bible School events and programs and I acknowledge that although Gore United Methodist Church has taken safety measures to minimize the risk of injury, Gore United Methodist Church cannot insure nor guarantee that the participants', equipment, premises and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the church's rules, regulations and procedures for the safety of participants. I waive any claim against Gore United Methodist Church and/or its personnel for any lost articles; for any injury to my minor child; and/or any injury to myself. The church assumes secondary insurance coverage. I assume primary coverage. This health history is correct so far as I know, and the person named on this form has permission to engage in all VBS activities except as noted.

AUTHORIZATION FOR TREATMENT: In case of emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the child. In the event I cannot be reached, I hereby give permission to the medical personnel selected by the church to order x-rays, routine tests, treatment, and necessary transportation for my child. I give permission to the physician selected by the church to secure and administer treatment, including hospitalization, for my child as named on this form.

AUTHORIZATION FOR USING LIKENESS: I hereby give permission for photographs/video including my child and/or myself to be used in the promotion of Gore United Methodist Church.

Signature of Parent/Guardian

Date