



Registration Form (one per child)

Vacation Bible Camp is for children Pre-school-6th grade. If in 5th/6th grade, you will be participating in Service Squad which provides daily mission projects around Hutchinson.

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

School attended: _____

Name of parent(s): _____

Address: _____

Parent/caregiver's cell phone: _____

Parent/caregiver's email: _____

Home church: _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____ Relationship to child: _____

FOR STAFF USE ONLY:

Crew Color: _____

Paid: _____

COST (\$5.00 per child)

(PLEASE TURN OVER AND COMPLETE THE BACK SIDE!)

Release of all Claims

In consideration for being accepted by Trinity United Methodist Church for participation in all TUMC Children's Activities, I do hereby release, forever discharge and agree to hold harmless said church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, if any may be incurred by the undersigned participant while participating in the above described activity.

Furthermore, I hereby assume all risk of personal injury, sickness or death, damage and expense as the result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant during scheduled trips and/or activities.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

As participant, I hereby grant permission to transport me to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of any and all medical bills.

Further, should it be necessary for me as participant to return home due to medical reasons or otherwise, I hereby assume all transportation costs.

Publicity/Video/Media Release

I hereby give Trinity United Methodist Church the absolute right and permission to use, publish and republish photographs and/or video of my child taken during the dates contained by this release, in whole or in part. I assign all rights to the photographs to Trinity United Methodist Church and authorize the reproduction, sale, publication, transmission, broadcast, and/or distribution of said photographs without limitation. This may include, but not be limited to brochures, newsletters, videos and/or websites. These images will be used for a variety of church related purposes and I understand these images may be used without further notifying me. I also give permission to publish address/phone information in the local youth directory. Demographic information only will be provided to the church office and United Methodist conference office if requested, but will not be shared with any other source.

Parent/Guardian Consent

I am the parent or the guardian of the above named minor and hereby approve of this release and give my consent. I will notify the Director of Family Ministries as any of the information on this form changes.

Signature: _____

Date: