



**Grand View**  
UNITED METHODIST CHURCH

# VACATION BIBLE SCHOOL

**JULY 18-22 | 5:30-8:15pm**

## 2021 Registration Form

For children ages 4 through the completion of fifth grade.

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

**T-Shirt (optional)** (\$8.50): ☐ Yes ☐ No Size: \_\_\_\_\_

SIZES: Y-Sm 6-8 Y-Med 10-12 Y-Lg 14-16 Y-XL 18-20 Ad-Sm Ad-Med Ad-Lg Ad-XL Ad-2XL (\$10.50) Ad-3XL (\$11.50) Ad 4XL (\$12.50)

**VBS FEES:** \$5 for the week (T-Shirt: \$8.50 optional) Paid: ☐ Yes ☐ No *CIRCLE ONE* Cash Check Online ☐ No

### PARENT/GUARDIAN

Name \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PARENT/GUARDIAN

Name \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### MEDIA RELEASE

I consent to the use of my child's image being used by the Church for recording, publication, exhibition, and reproduction to be used for public affairs, website, social media, videos, & promotional purposes.

☐ Yes ☐ No

### For Office Use Only

\_\_\_\_\_ CD  
\_\_\_\_\_ Total Paid  
\_\_\_\_\_ Init'l  
\_\_\_\_\_

## MEDICAL / HEALTH INFORMATION

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary, or in the event the designated practitioners are not available, then for the transfer of my child to \_\_\_\_\_ hospital.

**Emergency Contact Person:** \_\_\_\_\_ Phone: \_\_\_\_\_

Will your child need to take **medications** while in the care of the Church? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list the medication and explain protocol (will the child administer or an adult, etc.):

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Are there any **special needs** we need to be aware of (allergies, health conditions, physical, behavioral, or emotional concerns, etc.)?

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This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff of any liability against personal losses of named child. I understand that there are inherent risks involved in any ministry, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that I/he/she is injured and requires the attention of a Doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I also agree to bring my child home at my own expense should he/she become ill or if deemed necessary by the Church leaders.

*Anyone with symptoms of illness (i.e. fever, tiredness, dry cough, aches & pains, congested/runny nose, sore throat, diarrhea) will not be allowed to participate. Grand View asks that any participant with exposure to COVID-19 or a positive COVID-19 diagnosis, be reported to Grand View's Faith Formation Coordinator, Jacob Nastruz. Please contact our Faith Formations Coordinator, Jacob, at [jacob@grandviewdubuque.org](mailto:jacob@grandviewdubuque.org) if you have any questions or concerns.*

I, the undersigned, have legal custody of the Participant, a minor.

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

Date: \_\_\_\_\_



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