

WNL /VBS Registration/Release 2021

Child Name: _____

Age: _____ Grade: _____ School: _____ Birthdate (Mo/Day/Yr): ____/____/____

Allergies: _____

Child Name: _____

Age: _____ Grade: _____ School: _____ Birthdate (Mo/Day/Yr): ____/____/____

Allergies: _____

*Write additional names on back of paper

Address, City, ST, and Zip:

Contact Phone: _____ Text: Y/N Email: _____

I, _____, hereby give my consent as the parent/guardian of above children for involvement in **First United Methodist Church's WNL/TNT/VBS Program(s)**. First United Methodist Church Staff and adult chaperones will provide supervision. I understand that my son or daughter, once at **FUMC**, will **NOT** be allowed to leave unless escorted by a parent or legal guardian unless otherwise stated below. It is understood that all possible caution will be taken by those persons in charge to prevent injuries, but neither the chaperones nor the church will be held responsible in case of accident. I hereby authorize any adult representative of the **First United Methodist Church** to consent to any medical treatment of above named child, which in the judgment of a recognized medical facility, under the general or special supervision of a licensed physician, may be deemed necessary. I also understand that if the behavior of my child any disruption to the planned activities, I will be called at once to come and pick up my child immediately at **First United Methodist Church – 993 Market St. Dayton, TN**.

Signed: _____

Parent/Guardian

Date: _____

EMERGENCY Phone #(s): _____

Family Physician: _____

Physician Phone: _____

- I authorize my child to walk home from the church after event*
- I authorize my child to be photographed for promotional purposes*
- I wish to be added to FUMC Email list*
- Who may not pick up your child from the event?*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

