



Vacation Bible School 2010  
July 26 – July 30  
9:00 a.m. – 12:30 p.m.  
Ages 3 years thru 5<sup>th</sup> Grade  
\$40.00 Registration

**ONE REGISTRATION FORM MUST BE FILLED OUT FRONT AND BACK FOR EACH CHILD ATTENDING VACATION BIBLE SCHOOL**

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

Street Address \_\_\_\_\_

*City and Zip Code*

Birth Date: \_\_\_\_\_ Age on 7-26-10 \_\_\_\_\_ Grade Completed 6-10 \_\_\_\_\_  
*(month/day/year) (year/month)*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents' Names \_\_\_\_\_

Siblings' Name & Ages \_\_\_\_\_

School Child Attends \_\_\_\_\_

Name of Home Church \_\_\_\_\_

Has your family participated in YLUMC VBS in previous years?      YES    NO

Could you be a part of our VBS Volunteer Team?                      YES    NO

PLEASE FILL OUT THE MEDICAL CONSENT FORM ON THE BACK



Date Paid \_\_\_\_\_ Check # \_\_\_\_\_

Amount \_\_\_\_\_

Starship # \_\_\_\_\_

## CONSENT FOR EMERGENCY TREATMENT

As parent or authorized representative \_\_\_\_\_,  
(name of parent/authorized representative)

I hereby give consent to any adult staff member of the  
**Yorba Linda United Methodist Church** for my son/daughter

\_\_\_\_\_,  
(child's full name)

to provide all emergency medical or dental treatment prescribed by a duly licensed physician or dentist. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of the above named child.

I agree not to hold the **Yorba Linda United Methodist Church**, its employees, staff members or volunteers liable for providing consent as authorized herein for medical and/or dental care for the child identified above.

*This child has the following medical/food allergies:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*This child has the following medical conditions:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name and Phone # \_\_\_\_\_

**Signature of Parent or Authorized Representative:**

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

Emergency Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Relation to child \_\_\_\_\_