

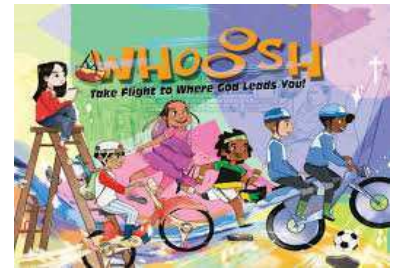
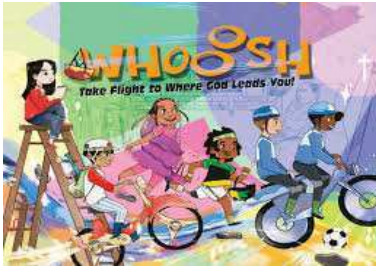
Metropolitan CME Church

8955 South Freeway, Houston, Texas 77051
 (713) 748-5947
 (713) 748-2718 (Fax)

Vacation Bible School - 2019

REGISTRATION FORM

June 19 - 21, 2019 5:45 - 9:00 PM



(Check one appropriate box where applicable below)

I am a: Child (0-12) Teenager (13-18) Young Adult (19-35) Adult (36+) Male Female

Please fill in your information below:

Volunteer What Committee _____

Name _____ Home Phone () _____

Address _____
Street City State Zip E-Mail

Work Phone () _____ Cell () _____

What church do you attend? _____

Birth date of child under 18 _____ / _____ / _____ Age _____

Last School Grade Completed _____

<u>Whoosh Expectations</u>	<u>Consequences</u>
Follow Instructions	No. 1 - Warning
Participate in Activities	No. 2 - Counseling
Respect All Persons	No. 3 - Call Parents
Student Signature _____	
Parent Signature _____	

I am a guest of _____

Children Must Have Parental Written Consent to attend (SEE BACK)

PARENTAL PERMISSION SLIP AND LIABILITY RELEASE FORM

To Whom it may concern:

The undersigned parent(s)/legal guardian give permission for our (my) child _____
to attend and participate in the Metropolitan CME Church Vacation Bible School. (name of child)

We (I) understand that this event will take place at the Metropolitan CME Church grounds, that the above described mode of transportation (*if required*) to and from the location will be used, and that our (my) child will be under the supervision of the Vacation Bible School staff.

In case of a medical or dental emergency, we (I) give our (my) consent and authorization for any necessary treatment, to include treatment by a licensed physician or dentist and transfer to any hospital reasonably accessible.

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's medical history:

Allergies: _____
Date of last tetanus shot: _____
Medication being taken: _____
Family Physician: _____
Physician phone number: _____
Medical Insurance Company: _____
Policy number: _____
Other pertinent information: _____

In case of an emergency, we (I) can be reached by phone at

Home: _____, Work: _____ Other: _____
(neighbor, friend)

We(I) shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. Further, should it be necessary for our (my) child to return home due to medical reasons, disciplinary action or otherwise, we (I) agree to pay transportation costs. Finally, in consideration for our (my) child's participation in this event, we(I) release, discharge and agree to hold harmless the Metropolitan CME Church, its agents and employees from any and all liability, claim or demands for personal injury, illness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or our(my) child while our(my) child is participating in the event (including transportation to and from the event), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation in this event.

We (I) have fully read this form and sign voluntarily with knowledge of its terms and conditions.

Signature Date

Print Name

Relationship

Date received: _____ By _____