

2008 Sparta UMC Vacation Bible School Parent/Guardian Registration and Permission Form

Child's Name	Age 4 - 14	Grade in '07 - '08	Special Notes
1.			
2.			
3.			

Parent/Guardian Names(s): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Emergency Information: Contact Name: _____

Relationship: _____ Phone #: _____

I, the parent/guardian of the student named above, understand that he/she will be attending VBS at Sparta UMC with my full knowledge and permission. She/he may participate in all activities programmed, except as I may stipulate in writing to the leader(s) in charge. Further, if in the judgment of the leader(s) in charge, it becomes necessary to obtain medical care (hospitalization, physician or dentist) for my son/daughter, they have my full permission to do so. In addition, I give my full permission to the medical attendant in charge to hospitalize, secure anesthesia, order injections and or surgery should the need arise. I will assume full responsibility for such arrangements, including payment of expenses incurred thereby and shall indemnify and hold harmless the Sparta UMC, its employees, agents and/or volunteers from any and all liability with respect thereto. Such medical expenses would be covered by:

_____ Insurance: Insurance Co.: _____ Group#: _____

Policy #: _____

_____ I will pay such medical expenses directly

_____ I will pick up my child at his/her classroom promptly by noon and make sure the teacher is aware of his/her departure. (Please check this off to insure us that you have read this particular agreement).

*If I am unable to pick up my child, those listed below has by permission to pick him/her up.

(Name/relationship/phone #)

**** Under no circumstances does this student have my permission to be picked up by:**

(Name/relationship)

Please let us know if you do not give permission for this student(s) to be photographed for church bulletin boards and/or church publicity, i.e.: Sparta UMC web site (no names are used).

Parent/Guardian Signature: _____

Printed Name: _____

Please us the back for any important additional information that would be helpful for us to know about the student.