

The United Methodist Church of Enfield (UMCE)
Ministries of Love and Hope (ML&H) & Hazardville UMC (HUMC)



VBS Registration (*Grades 5 and under*)

Date: July 23-27, 2018

Time: 9:00 AM- 12:15 PM

Place: 41 Brainard Rd. Enfield, CT

Name _____

Address _____
Street and Number, Apt # City State Zip

Phone Number: _____ Email Address _____

Birth Date _____ Age _____ Last School Grade Completed _____

Home Church _____

Parent contact: _____
Name Home Phone Cell Phone

Name Home Phone Cell Phone

Emergency contact (other than parents)/Name of persons who may pick up this child from VBS each day:

Name Phone Relationship

Name Phone Relationship

Allergies/Medical conditions or other concerns: _____

Does your child have an Epi-pen ___ Yes ___ No

Is there anything you would like us to know about your child? _____

If I am not available, and a medical emergency arises, the supervising teacher has my permission to seek medical help at:

Name of hospital

I give permission to take my child's picture for classroom projects and/or church website. ___ Yes ___ No

Parental Consent and Liability Release Form

LIABILITY RELEASE: In consideration of **The United Methodist Church of Enfield, The Hazardville United Methodist Church and The Ministries of Love and Hope** allowing the Participant to participate in Vacation Bible School activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **The United Methodist Church of Enfield, The Hazardville United Methodist Church and The Ministries of Love and Hope**, their directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in Vacation Bible School activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in Vacation Bible School activities.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in Vacation Bible School activities involved therein.

FUNCTIONS AND ACTIVITIES: I understand that participating in Youth Group programs, recreation and other activities of the United Methodist Church of Enfield is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury, due to transportation-related accidents. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

FIRST AID AND EMERGENCY MEDICAL TREATMENT: I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. Every attempt will be made to reach parents and/or emergency contacts if the need arises. If the efforts made are in vain, I give permission for the adults in charge of the United Methodist Church of Enfield to sign on my behalf any papers, forms, etc. required for admitting and treating my child in case of an emergency. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

Insurance Carrier: _____

Card Holder's Name _____ Policy # _____

Medical History: (Include special medical needs or concerns such as asthma, allergies, conditions, dietary needs, medications, etc.)

Other Information that leaders should know about the child or adult participant:

EARLY RETURN HOME POLICY: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

Parent/Guardian Signature:

The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Parent/Guardian Signature _____ Date _____