



*Shake It Up Cafe
Vacation Bible School Registration Form
Asbury United Methodist Church
July 18-22, 2011
9:00 a.m. to Noon*

Cost: \$15 per child, \$30 for family

Financial aid is available

Contact Tina Morris

925-858-2271

morris.tina1@gmail.com

Check here for financial aid assistance

PLEASE FILL OUT SEPARATE FORMS FOR EACH CHILD

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home telephone: _____ Cell phone: _____

Home e-mail address: _____

Date of birth: _____ Age: _____

School grade just completed: _____

In case of emergency, contact: _____

Mother's name: _____ day telephone: _____

Father's name: _____ day telephone: _____

Home church: _____

Who will be picking up child after VBS? Name: _____ phone: _____

For More Information Contact:

Tina Morris

925-858-2271

morris.tina1@gmail.com

Shake It Up Café VBS 2011

Medical Release Form

Health Insurance Company _____

Policy or Group Number _____ Phone _____

If parent/legal guardian is not available in an emergency, contact

Name _____ Phone _____

Please list any allergies. Include medications, food, and etc.

Does your child have any medical or special needs, including medications currently being used?

No _____ Yes _____ If so, please explain. _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

I (We), the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult volunteers of Asbury United Methodist Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further hereby give my approval of, and consent to him/her to participate in any and all of the activities of VBS. I assume all risks and hazards incidental to the activities, and so hereby release, acquit, and forever discharge and agree to indemnify and save harmless Asbury United Methodist Church, their VBS, their instructors and supervisors, and all other persons assisting with the conduct of said activities. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian (Print)

_____ Date _____

Parent/Legal Guardian (Sign)

_____ Date _____

Website Content Usage / Photo Consent Permission Form

I give Asbury United Methodist Church of Livermore, CA (Asbury UMC) permission to use images, music, and/or vocal performances and grant Asbury United Methodist Church all rights to use these sound, still, or moving images as content on its website, <http://www.asburylive.org> or Face book groups sponsored by Asbury UMC. I certify that I have read this agreement, understand all of its terms and agree to be bound by the terms of this agreement, on the day signed below.

Parent/Legal Guardian (Sign) _____ Date _____

Send Payment and Form to: Asbury United Methodist Church, 4743 East Ave., Livermore, CA 94550 Phone: 925-447-1950