

High Seas Adventure
Vacation Bible School Registration Form
Asbury United Methodist Church
July 26-30, 2010
9:00 a.m. to Noon



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

Check here for financial aid.
Financial aid is available,
Contact Mitchie McCammon.

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: _____

I can help with _____ Stations/Leading _____ Snack/Craft Supplies _____ Prep _____ Donations
_____ Costumes _____ Directing Skits _____ Chaperone/Driving _____ Other (Specify) _____



For More Information Contact:
Mitchie McCammon 447-1950 x 5
MitchieM@asburylive.org

Continued on back →

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

**High Seas Adventure VBS 2010
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 on Asbury UMC's Flickr photo page or Facebook groups sponsored by Asbury UMC. I agree that all rights to the sound, still, or moving images belong to Asbury UMC. I certify that I have read this agreement, understands all of its terms and agree to be bound by the terms of this agreement, on the day signed below.

Parent/Guardian
Signature _____ Date _____