

# 2009 VBS Registration Form

One registration form per family. Make check payable to Cornerstone UMC, memo VBS  
Early Bird rates (register by June 28<sup>th</sup>) \$20 one child, \$35 two children \$5 each additional child. After June 28<sup>th</sup> \$25 per child.  
Financial assistance is available to those in need.

**Mother** \_\_\_\_\_ **Father** \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who is authorized to pick up your child(ren)? \_\_\_\_\_

Home Church \_\_\_\_\_ How did you hear about our VBS? \_\_\_\_\_

**Child #1** \_\_\_\_\_ **Crew Number** (for church Use only) \_\_\_\_\_

**Sex:** M F **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade in fall 09** \_\_\_\_\_

**T-shirt Size (Circle One):** YXS (2-4) YS (6-8) YM (10-12) YL (14-16) Adult S Adult M Adult L

**Name of a friend your child would like to be with:** \_\_\_\_\_

**Allergies, medical conditions or any other special needs your child has:** \_\_\_\_\_

**Child #2** \_\_\_\_\_ **Crew Number** (for church Use only) \_\_\_\_\_

**Sex:** M F **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade in fall 09** \_\_\_\_\_

**T-shirt Size (Circle One):** YXS (2-4) YS (6-8) YM (10-12) YL (14-16) Adult S Adult M Adult L

**Name of a friend your child would like to be with:** \_\_\_\_\_

**Allergies, medical conditions or any other special needs your child has:** \_\_\_\_\_

**Child #3** \_\_\_\_\_ **Crew Number** (for church Use only) \_\_\_\_\_

**Sex:** M F **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade in fall 09** \_\_\_\_\_

**T-shirt Size (Circle One):** YXS (2-4) YS (6-8) YM (10-12) YL (14-16) Adult S Adult M Adult L

**Name of a friend your child would like to be with:** \_\_\_\_\_

**Allergies, medical conditions or any other special needs your child has:** \_\_\_\_\_

The Parent of \_\_\_\_\_ (Minors)  
entrust the Minor to the care of the Organization to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician, surgeon or dentist licensed under the provision of the laws of the State or Country in which the medical care is being sought. This authorization is given in advance to provide authority and power to the Organization to give specific consent to and/all such diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of the Organization's best judgment, may be deemed advisable. Parent agrees to fully pay all costs incurred for the Minor by the Organization, under this authorization. These authorizations shall remain effective until July 20, 2009 unless sooner revoked in writing. The bearer/presenter of the Parental Authority shall be deemed the Organization's authorized agent.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use only: Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount Paid \_\_\_\_\_