

**HOLT UNITED METHODIST CHURCH  
VACATION BIBLE SCHOOL  
JUNE 28 - JULY 1, 2010**

(One registration form per child- Please complete both sides of form.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Last school grade completed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parents: \_\_\_\_\_

Allergies/Medical Conditions? \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Food allergies? \_\_\_\_\_ Home Church \_\_\_\_\_

Name of a special friend your child might like to be with: \_\_\_\_\_

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**MEDICAL RELEASE FORM - Please complete both sides of form!**

I give my consent and approval for the above named child to participate in activities at the Holt United Methodist Church Vacation Bible School, June 28-July 1, 2010. I will assume responsibility for any necessary medical or hospital expenses if needed.

I understand that every reasonable precaution will be exercised to protect the welfare of the entire group. I agree to hold harmless chaperones, leaders, and the church for any injuries sustained by the above named child while participating in the activities.

I give my permission, as parent or legal guardian, for medical treatment to be administered to the above named child in case of an emergency.

Signature of Parent or Legal Guardian \_\_\_\_\_

My child may have his/her picture used by Holt United Methodist Church for purposes of celebration and promotion in the services or on the website, [www.holtumc.org](http://www.holtumc.org). Yes No

**TRANSPORTATION PERMISSION** (Please list other adults to whom your child may be released)

- 1.
- 2.

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