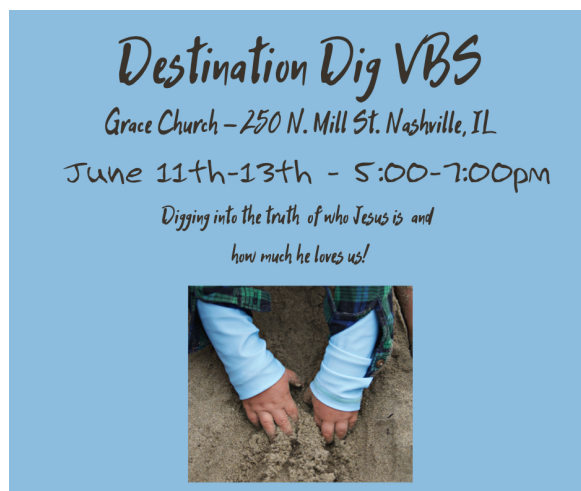


Destination Dig!

Grace Church VBS Registration - 2021



Child's Name _____ Child's Age _____ (Ages 3-10)

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Cell Phone (_____) _____ Text? Y or N

Email _____

Parent(s) Name(s) _____

In case of emergency, contact: _____

Allergies or other medical conditions:

School grade just completed: _____

Name of church you attend, if any: _____

I hereby {GRANT – DO NOT GRANT} (circle one) permission for Grace United Methodist Church to use pictures of my child on their website for informational or promotional purposes.

I voluntarily give my child permission to attend Destination Dig VBS

_____ (parent signature)

**Please print (2 pages), complete, sign and drop off at the church office or return first night of VBS.

Medical Release Form

Name of event: Destination Dig, Vacation Bible School 2021, June 11-13, 2021

Address of event: Grace United Methodist Church, 250 N. Mill St. Nashville, IL 62263

I (we), the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult volunteers of Grace 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 release from any liability Grace United Methodist Church Church, and any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Address _____ City _____

Emergency Phone: Home (_____) _____ Work (_____) _____

Health Insurance Company _____

Policy or Group Number _____ Phone (_____) _____

Doctor's Name _____ Phone (_____) _____

Date of last tetanus shot _____ Birth date _____

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

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Please list any allergies. Include medications, foods, etc.

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

No _____ Yes _____ If yes, please

explain _____

*This document will be kept in a secured locked file and will be shredded after the event in order to preserve privacy and identity information. This will only be used in case of a health emergency.