

E&R UCC Invites you to our Vacation Bible School



Kids ages 3-13 are welcome to join us!

Monday, July 22nd through Friday, July 26th
(Snacks provided)

Monday through Thursday 6:00-8:00

Friday 5:30-8:30 Family Night with Potluck Dinner
(Main dish provided)

Registration Form

Name: _____

Date of Birth: _____ Grade Completed: _____ Age: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Emergency Contact Name and Number: _____

Special Needs/Allergies: _____

One form per child. Registration
due by Friday, June 21st to the
church office or to Mary Ann Proffitt.



Does this child have any medical condition(s) that we should be aware of (medications, allergies, etc?) If so, please explain: _____

Emergency Contact Info (in case of accident or sudden illness):

Name _____ Phone # _____

Name _____ Phone # _____

Medical Release Permission: I, _____, being the parent/legal guardian & having legal custody of _____, a minor, do hereby consent to said child participating in activities & related trips of E&R UCC of Waukesha. I do hereby release, discharge & exonerate E&R UCC of Waukesha & all persons acting as teachers or sponsors on said activities & trips from any liability whatsoever resulting from personal injury to said minor or damage to property of said minor which may occur at said activities or trips or connection therewith.

I do hereby assume full responsibility & liability for any acts committed by said minor during activities & trips related thereto resulting in injury or damage to the property of another.

I do hereby acknowledge that I understand that this release is being relied upon by E&R UCC of Waukesha & teachers or sponsors accompanying the children on said trips & activities & without this instrument being executed by me, said minor would not be permitted to attend field trips nor engage in activities related thereto.

I, do hereby authorize the officials of E&R UCC of Waukesha to contact the below mentioned

Physician: _____ Phone # _____ or

Hospital: _____ Phone# _____ &

authorize them to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named in the authorization or parents cannot be contacted, the church officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold E&R UCC of Waukesha financially responsible for the emergency care &/or transportation for said child.

Parent/Guardian Signature: _____ Date: _____

Dismissal (the following persons have permission to pick-up above named child):

Name _____ Phone # _____

Name _____ Phone # _____

Photo Release (permission granted to photograph/video & release images): Yes _____ Init.

Volunteer: I, _____ am interested in helping with vacation bible school. Phone: _____