**Murphysboro United Methodist Church**

**VBS Registration Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | Age/Grade | T-Shirt Size | Church Use Only ~ Team assigned to: |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

|  |
| --- |
| Parent/Guardian’s Name: |
| Address: |
|  |
| Phone: Email: |
|  |

Additional individuals allowed to sign out child/Children:

|  |  |
| --- | --- |
| Name: | Phone: |
|  |  |
|  |  |
|  |  |

Photo Release:

Murphysboro UMC/VBS has my permission to use my child’s photograph in VBS. I understand the images may be used in slide shows during VBS and the Sunday service performance following the end of VBS. Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Allergies or other medical conditions:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional in-case of Emergency Contacts:

|  |  |  |
| --- | --- | --- |
| Name: | Relationship to Child: | Phone: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |