

Carter Memorial United Methodist Church
800 Highland Avenue
Needham, MA 02494
carterumc.org 781-444-2460-phone



Vacation Bible Camp Registration Form, June 25-June 29, 9am-12noon-ages 3*-11

Name: _____ Birthdate: _____ Grade this fall: _____ Gender: _____
Address: _____

Phone: _____ Email: _____
Congregation (if any): _____
Dietary needs: _____

Cost for the week is \$30/child (\$75 family maximum), Checks to: Carter Memorial UMC (memo: VBC)

Check enclosed/attached I'd like my fee to be covered by a scholarship.

PERMISSION TO ENGAGE IN VACATION BIBLE CAMP ACTIVITIES: I/we, the parents/legal guardians of the child named above, hereby grant permission for our child to participate in Vacation Bible Camp. I/We take full responsibility for the actions of our child and relieve all adults and Carter Memorial United Methodist Church of any liability in conjunction with these activities.

PHOTOGRAPHIC IMAGE RELEASE: I/We give permission for the child named above to be photographed and/or videotaped during the week and for the images and/or recordings to be published, reproduced, or distributed by Carter Memorial United Methodist Church in all outlets, including, but not limited to, television, newspapers, internet, church publications, and promotional materials without liability or limitation on my or my minor's part. Furthermore, such use shall be without payment of fees, royalties, special credit, or other compensation.

EMERGENCY MEDICAL CONSENT: I/We give permission, if I/we cannot be contacted, for our child to be treated at any hospital or licensed health care facility by any physician when deemed immediately necessary or advisable by the physician to safeguard our child's health. I/We waive the right of informed consent to such treatment.

EMERGENCY INFORMATION

In case of emergency, please contact:

(Parent or guardian) (Phone)

(Additional contact) (Phone)

Our child has the following allergies and/or physical limitations and/or is taking the following medications (if your child requires any medication during camp, we will require a doctor's note with instructions for dispensing. All medications must be affixed with a current prescription label):

Health Insurance Company:

Policy Number: Name of Insured: (include a copy of front and back of health insurance card)

Family Physician: Physician Phone Number:

Physician Address:

Please list additional information about your child, such as interests or special characteristics, that may be helpful to the leaders in working with your child at camp: _____

Please include the name of a friend your child may enjoy in his/her small group this week: _____

Parent/guardian signature date

*It is helpful if your child has had experience following a routine in a preschool or similar environment.