

**SPRING WOODS UNITED METHODIST CHURCH
1711 FM 1960 WEST, HOUSTON, TX 77090
2009 VACATION BIBLE SCHOOL**

PLEASE READ ALL REGISTRATION INFORMATION

Vacation Bible School is for children who have turned three years old by September 1, 2008 through those who have completed fifth grade. *Fill out a separate form for each child, including nursery children of VBS workers.* Return this form to one of the registrars on Sunday mornings or bring/mail the form to: Office of Children's Ministries, Spring Woods United Methodist Church, P. O. Box 73564, Houston, TX 77273. **FEES: \$5.00 for each child in a family (MAXIMUM \$15.00 PER FAMILY).** Scholarships are available upon request; no child turned away! Fees must accompany this registration form.

**VBS 2009 will be held in the evening, with a light dinner at 5:30 p.m. followed by
Vacation Bible School activities until 8:30 p.m.**

PLEASE FILL OUT THE ENTIRE FORM (FRONT AND BACK).

Name of Child: _____ Age: _____ Months: _____

Nickname: _____ M/F _____ Age and/or Grade Completed: _____

Date of Birth: _____ Physician and Phone: _____

In Case of Emergency, Contact: _____ Phone: _____

Name(s) of person(s) who may pick up this child from VBS: _____

Parents' Name(s): _____ Home Church: _____

Address: _____ City/Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail Address: _____

Hospitalization Insurance Company: _____

Policy Number: _____

Is your child taking any medication on a regular basis? _____

Does your child have any known allergies? _____

Is your child restricted from participating in any physical activity? _____

If yes, please explain: _____

**Complete the reverse side of this form for your child to be
registered for Vacation Bible School.**

By my signature of this registration form, I give my permission to take photographs of children's activities in which my child is participating to be used as ministry information and advertisement in church publications.

**RELEASE AND HOLD HARMLESS AGREEMENT FOR
SPRING WOODS UNITED METHODIST CHURCH**

By signature, I, _____ the parent or guardian of _____ grant my permission for him/her to participate fully in any activities or trips sponsored by Spring Woods United Methodist Church. I understand that my signature carries with it the following: An authorization of any of the adult leaders to obtain necessary medical attention and or treatment for my son/daughter. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital costs.

If I am the parent, legal guardian, or custodian of any minor participating in the programs and activities of Spring Woods, I knowingly release, absolve, indemnify, and hold harmless Spring Woods, its Members, Trustees, Administrative Board, Committees, and Staff as well as the organizers, sponsors, workers and all others acting on behalf of Spring Woods or its programs/activities, from all claims that might result from any injury and/or death of any minor. I understand that the Release and Hold Harmless Agreement pertains to all programs and activities of Spring Woods, including, but not limited to Weekday Ministries, Day Camp, Youth and Sports Activities, Vacation Bible School, and any other programs and activities, including those for which transportation may be provided by Spring Woods.

This Release and Hold Harmless Agreement shall remain in effect until revoked by me in writing.

DATED this _____ day of _____, 2009.

Signed _____
(Signature is by a minor's parent, legal guardian or custodian)

****I WILL HELP WITH VACATION BIBLE SCHOOL BY:**

- | | |
|--|--|
| <input type="checkbox"/> donating food | <input type="checkbox"/> helping hands with storytelling/drama |
| <input type="checkbox"/> helping hands with crafts | <input type="checkbox"/> helping hands with science |
| <input type="checkbox"/> helping hands with age-level groups | <input type="checkbox"/> helping hands the following days: _____ |

****All adults who help with children or youth must complete the Safe Sanctuaries forms and training prior to any event or working at any time with our children and youth. Safe Sanctuaries forms are available in the church office.**

FOR OFFICE USE ONLY

Date registered _____

Class/group assignment _____

Grade Level _____

Other information _____

Fees paid _____

Parent Contacted _____