

VACATION BIBLE CAMP 2023
JULY 31ST – AUGUST 4TH
9:00AM – NOON

**PRIORITY REGISTRATION FOR RHUMC FAMILIES
 BEGINS MONDAY, APRIL 3RD**

**OPEN REGISTRATION BEGINS
 MONDAY, APRIL 10TH**

**REGISTRATION - \$75.00
 (SPACE IS LIMITED / NO WALK-INS)**

**AGES 3 YEARS OLD THROUGH 5TH
 GRADE (MUST BE POTTY TRAINED)**

**FILL OUT REGISTRATION FORM AND EMAIL TO
DEBRA@RHUMC.ORG OR DROP OFF AT THE
 CHURCH OFFICE**



CHILD'S NAME		DATE OF BIRTH		AGE	
SCHOOL		GENDER		GRADE (AS OF FALL 2023)	
ALLERGIES/MEDICAL INFORMATION					
ADDRESS		CITY		STATE	ZIP
PARENT #1 OR GUARDIAN NAME			EMAIL		
PARENT #2 OR GUARDIAN NAME			EMAIL		
HOME PHONE		CELL PHONE		FRIEND REQUEST	
NAME (S) OF PERSON (S) WHO MAY PICK-UP CHILD FROM VBC					

I GIVE PERMISSION TO TAKE MY CHILD'S PICTURE FOR A SLIDESHOW AT THE END OF VBC AND TO BE POSTED ON THE CHURCH WEBSITE. (NO NAMES WILL BE LISTED) YES NO (CIRCLE ONE)	T-SHIRT SIZE ____ CHILDREN'S X-TRA SMALL ____ CHILDREN'S SMALL ____ CHILDREN'S MEDIUM ____ CHILDREN'S LARGE ____ ADULT SMALL ____ ADULT MEDIUM	<h2 style="margin: 0;">ROLLING HILLS UNITED METHODIST CHURCH</h2> <p style="margin: 0;">26438 CRENSHAW BLVD. ROLLING HILLS ESTATES, CA 90274 (310) 377-6771 RHUMC.ORG</p>
VOLUNTEERING AT VACATION BIBLE CAMP IS A GREAT WAY TO CONNECT WITH YOUR CHILD. WOULD YOU LIKE TO VOLUNTEER? YES NO. (CIRCLE ONE)		

TURN FORM OVER TO SIGN CONSENT FORM!



**PARENT/GUARDIAN CONSENT
FOR VACATION BIBLE CAMP
2023**

EMERGENCY CONTACT NAME:

CELL PHONE

HOME PHONE

NAME OF INSURANCE POLICY HOLDER

INSURANCE COMPANY PHONE NUMBER

INSURANCE POLICY NUMBER

I UNDERSTAND THAT ALL REASONABLE SAFETY PRECAUTIONS WILL BE TAKEN BY THE LEADERS OF THIS ACTIVITY, AND THAT THE POSSIBILITY OF AN UNFORESEEN HAZARD MAY EXIST. I FURTHER AGREE NOT TO HOLD: ROLLING HILLS UNITED METHODIST CHURCH ITS LEADERS, EMPLOYEES, AND VOLUNTEER STAFF LIABLE FOR DAMAGES, LOSSES, DISEASES, OR INJURIES INCURRED BY THE MINOR LISTED ON THIS FORM.

IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE MY CONSENT FOR A LICENSED PHYSICIAN OR HOSPITAL OR CITY EMERGENCY PERSONNEL TO PROVIDE EMERGENCY CARE FOR MY CHILD SHOULD SERIOUS ILLNESS OR ACCIDENT OCCUR DURING THIS ACTIVITY. SUCH PERSONNEL SHOULD BE AWARE OF THE FOLLOWING MEDICAL CONDITION(S) OF MY CHILD, OR SPECIAL ACCOMMODATION(S) NEEDED.

MEDICAL CONDITIONS OR SPECIAL ACCOMODATIONS

SIGNATURE PARENT OR GUARDIAN

DATE SIGNED