



July 26 - July 30 C.U.P.S. Vacation Bible School Registration Form

(Please complete both front/back of form and return it to any C.U.P.S. church or Countryside UMC)
1807 CR 1000 N, Urbana, IL 61802Located 2 miles east of Rt. 130 on Sidney Slab

Take a romp through the swamp!

At *Crocodile Dock*, your kids will...

- Become part of the Bible story—diving in with their hearts, minds, and emotions
- Enjoy music they'll keep singing even after VBS is over
- Discover how to see God in their world

→ A light supper will be served Monday - Thursday beginning at 5:00 p.m. with VBS from 6 p.m.-8:15 p.m.

→ Bring your own t-shirt and have the VBS logo ironed-on (suggested donation for logo \$1)

→ Wear your "crocs" or tennis shoes.

→ If you have any questions contact Becky Kammin at 688-2497 or bkammin@comcast.net

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Contact Numbers: (Home/work) _____ (Cell) _____

Age: _____ Last school grade completed: _____

Home Church (if any): _____

Allergies / Medical Issues / Other: _____

Emergency Contacts other than person(s) listed above: _____

Name _____ Phone: _____

Name _____ Phone: _____

Name of person(s), other than Parent/Guardian listed above who may pick up this child from VBS:

If parent/guardian is helping with VBS, where will you be helping: _____

I, _____, am the parent or legal guardian of _____
(hereinafter "my child") who was born on _____.

Parent / Guardian Consent to Medical, Dental, or Hospital Care

I consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under general or special supervision and upon the advice of and to be rendered by a physician and/or surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As a parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to an agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian



Parent / Guardian Consent to Participate

I am informed of the activities offered by C.U.P.S. Vacation Bible School held at Countryside United Methodist Church, located at 1087 CR 1000N, Urbana, IL 61802.

As parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by C.U.P.S. Vacation Bible School, unless otherwise noted below.

My child is to be **excluded** from the following activities:

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian