



**Faith Church**  
**2009 Vacation Bible School**  
**2560 Post Road, Twinsburg, Ohio 44087**  
**330-425-2565**  
**July 13 – July 17, 2009**  
**9:00 AM – 12:00 PM**  
**For Children 4 to 10 Years Old**



**Please complete Registration form and Photo Release form and return to church office.  
Please bring a plain white T-shirt on Monday (Name on label), the first day of VBS.**

Parent's name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home church: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

**First Child Name:** \_\_\_\_\_

Last school grade completed: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Other medical conditions: \_\_\_\_\_

Name of special friend child would like to be with: \_\_\_\_\_

**Second Child Name:** \_\_\_\_\_

Last school grade completed: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Other medical conditions: \_\_\_\_\_

Name of special friend child would like to be with: \_\_\_\_\_

**Third Child Name:** \_\_\_\_\_

Last school grade completed: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Other medical conditions: \_\_\_\_\_

Name of special friend child would like to be with: \_\_\_\_\_

**Cost: \$10.00 for first child, \$8.00 for second child, \$6.00 for third child**  
**Make check payable to: Faith Church**  
**Registration deadline: July 8, 2009**



# Parent/Guardian Release Form for Photo/Media Recording

I, the undersigned, do hereby grant or deny permission to Faith United Methodist Church (FUMC) to use my child's photograph, as marked by my selection below, which includes such use as the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the FUMC Web Site without further consideration. I acknowledge that FUMC has the right to crop or treat the photograph at its discretion. I release all claims against FUMC with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I also acknowledge that the church may choose not to use my photo at this time, but may do so at its own discretion at a later date.

\_\_\_\_\_ I **DO** give permission for my child's picture to be taken for use in local newspapers, church newsletters, church website, PowerPoint presentation, etc.

\_\_\_\_\_ I **DO NOT** give permission for my child's picture to be taken for use in local newspapers, church newsletters, church website, PowerPoint presentation etc.

**CHILD/CHILDREN'S NAME:**

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**PARENT/GUARDIAN NAME: (please print)**

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**PARENT/GUARDIAN SIGNATURE:**

**DATE** \_\_\_\_\_

