



VBS 'TO MARS AND BEYOND'

REGISTRATION 2019 (One Per Child)

Name: _____ Age: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Best Contact # _____ E-mail address: _____

of family members participating in VBS: ____ Will parents be helping in VBS? ____

Does YCUCC have permission to publish your child's photographs in the church, community newspapers or social media? ____ Yes ____ No



<p>IN CASE OF EMERGENCY, CONTACT: _____</p> <p>RELATIONSHIP TO CHILD: _____</p> <p>ALLERGIES OR OTHER MEDICAL CONDITONS: _____</p>
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Home Church: _____

Crew Leader: _____

Fee for the week: \$15.00 Cash Check

**(Liability release) To participate in the Yorkville Congregation United Church of Christ VBS program; I agree to release, indemnify and hold YCC, its officers, board members, employees, volunteers or other representatives in any capacity harmless from or for any claims, causes of actions, liabilities or damages that arise as a result of or in connection with my child's participation in the program. I understand that I will be notified as soon as possible in the case of any emergency that may arise with my child. Further, I give my permission for Yorkville Congregational United Church of Christ staff or leaders of the program to obtain emergency medical treatment in my absence.

Parent/Legal Guardian signature: _____

Date: _____