



# VBS 'TO MARS AND BEYOND'

**Sunday, July 7<sup>th</sup> – Thursday, July 11<sup>th</sup>**

**5:15 p.m. – 7:30 p.m.**

## 2019 REGISTRATION FORM (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: \_\_\_\_\_

**YORKVILLE CONGREGATIONAL UNITED CHURCH OF CHRIST**