



WAYNE UNITED
METHODIST CHURCH

Registration, Vacation Bible School 2011
High Seas Expedition | July 25-29 / 9 am - 12 noon

CHILD'S NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

PARENT(S) NAMES: _____

PARENT(S) WORK PHONE: _____

EMERGENCY CONTACT: _____

ALLERGIES OR OTHER MEDICAL CONDITIONS: _____

SCHOOL GRADE ENTERING IN FALL: _____ DATE OF BIRTH: _____

NAME OF HOME CHURCH, IF ANY: _____

PARENT SIGNATURE: _____

Please complete one form per registrant.

Charge of \$50 per child. Early registration by May 25th discount to \$40 per child.
Discount to \$20 per child for parents who volunteer the entire week.
Large Family discount: \$30 (\$20 if Early registration) for 3rd or 4th child.

Print and mail in with your check (made payable to WUMC with VBS in reference) to:
Wayne United Methodist Church, 210 South Wayne Ave, Wayne PA 19087 | Phone: 610-688-5650 | Fax: 610-688-0265

Please email Melissa Galvan with any questions at melissaleanne6@yahoo.com



WAYNE UNITED
METHODIST CHURCH

Liability Release/Permission To Treat and Photo Reproduction Agreement For A Minor

I hereby give permission for Wayne UMC to call 911 for medical care for _____
First and last name of child
should an emergency occur. I understand that a conscientious effort will be made to locate me, my spouse, or my
emergency contact before any action is taken.

It is further understood that if it is not possible to locate any of the above persons, the expense will be accepted by me.

I will not hold Wayne UMC responsible for any injury incurred while participating in activities or volunteer work for
either myself or my child.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

HOSPITAL: _____

I hereby grant Wayne United Methodist Church use of photographs (or image in a photograph) or video
for print media and electronic media of all kinds, taken of me or my child during his/her activities in a
Wayne United Methodist Church class. I also agree that the photos or images may be resized, cropped,
or otherwise edited as necessary for the format used. I understand that these photographs (or images)
may be used at any time in the future and that no further permission will be required. I understand that
my child's name will NOT be printed in any way in association with the photograph.

Please note: If you take any photos, that you would like to share, they are gladly accepted.

Please e-mail them to melissaleanne6@yahoo.com