Wilmington Island UMC VBS July 11-15, 2022

Please fill out the form below for and send to children@islandmethodist.com or print and bring by the church office at the address provided below. VBS is for rising Pre-K (4year olds) to rising 5th grade (10 year olds).

Children's Ministry Registration Form

Wilmington Island United Methodist Church, 195 Wilmington Island Rd., Savannah, GA 31410, (912) 897-2835

Student Information

Child's Name____Gender_____ Birthdate____________

Phone Number_______________________School Child Attends____________________________________

Allergies, Medications, Special Needs, etc. ____

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Parent/Guardian Information

Parent(s)/Guardian(s)____

Home Address______________________________City, State, Zip______________________________________

Home ______________________Work _______________________________Cell#__________________________

Email______________________________________ ____

Emergency Contact_________________________Relationship_________________Phone_____________________

Medical Consent, Media Release, and Transportation Permission

Parent/Guardian Consent: I am the parent or legal guardian of the child listed above and I am informed of the activities offered by Wilmington Island United Methodist Church (hereinafter "WIUMC") located at 195 Wilmington Island Road, Savannah, GA 31410. I hereby consent for my child to attend and participate in all activities provided by WIUMC.

Signature____

Parent/Guardian Consent to Medical, Dental, or Hospital Care and Liability Release: I authorize WIUMC to provide emergency treatment in the event that I cannot be contacted. I recognize that participation in WIUMC activities may expose my child to some risk of injury. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician and surgeon for my child.

I agree to hold WIUMC harmless from any claims for damage to any property or persons which may occur through participation in any activity at WIUMC, or in any of its programs. As parent or legal guardian of my child, I am responsible for the health care decisions for my child and am authorized to consent to the services to be rendered. I represent that my consent to and 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.

Child's Primary Physician____Phone______________________

Name of Medical Insurance ____Phone_____________________

Medical Insurance Policy #___________________________________ Group #_______________________________

Media Release: Permission is hereby given for the staff and volunteers of WIUMC to photograph, videotape or otherwise record my child for any in-house production or promotion, including, but not limited to brochures, websites, videos and Facebook.

Signature ____