

2026 VBS Registration – Emerald Crossing May 26-29 9am-12pm
Belleville/Agenda United Methodist Churches at Belleville UMC

Child's Name: _____ Age: _____ Grade (finished): _____

Child's Name: _____ Age: _____ Grade (finished): _____

Child's Name: _____ Age: _____ Grade (finished): _____

Parent/Guardian Information:

Name: _____ Address: _____

Cell or Home Phone: _____ Work Phone: _____

Emergency Contact #1: _____ Phone: _____

Relationship to Child: _____

Emergency Contact #2: _____ Phone: _____

Relationship to Child: _____

Medical Information:

(Please include any important information and all allergies including food allergies)

Free Sack lunch. We realize families are busy and are offering a free sack lunch for children who attend to take home and a final lunch BBQ on Friday for kids AND parents, if interested. Mark the day you are requesting lunches. And to get a good count for the BBQ, please mark how many will be eating. Thank you!

Tuesday, May 26 _____ Wednesday, May 27 _____ Thursday, May 28 _____ Friday, May 29th BBQ lunch _____

Child Release Policy:

My child may be signed out by the following people:

(Please list ALL people who may pick up your child. We reserve the right to ask for ID before releasing a child.)

May your child leave VBS without an adult? (walk, ride their bike, etc.) Yes Initial _____

Liability Release, Emergency Medical Authorization, Photo Release:

I understand that photos &/or video of my child may be taken during this program & may be used in internal & external publications, including on the internet or social media. I hereby grant my permission for photographs or video to be taken & accept that / will receive no compensation for such images. If I should wish for my child NOT to be photographed, I will submit a request in writing to the Belleville First United Methodist Church office prior to my child's participation in the program.

Any program that includes physical activity comes with an inherent level of risk. I fully understand & acknowledge that my child's voluntary participation in this program & such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury (including mortal injury). By my child's participation in this program, for use of equipment, and for entering onto the Belleville First United Methodist Church's property, I hereby assume al/ risks and dangers and al/ responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of Belleville First United Methodist Church, or by any other person, including myself or my child. I, on behalf of myself, my children, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Belleville First United Methodist Church and its representatives, employees, agents, and volunteers from any and all claims, actions or losses for bodily injury, illness, hospitalization, property damage, wrongful death, loss of services, or otherwise which may arise

if medical care is deemed necessary and I cannot be contacted, I authorize church staff/volunteers ("Program Staff") to act on my behalf in deciding the proper course of action for my child. This includes but is not limited to permission for Program Staff to render any emergency medical treatment that they deem appropriate and/or necessary for the well-being of my child, including, but not limited to First Aid, CPR, calling emergency ambulance transportation and hospitalization, if necessary. I understand and agree that any and all actions taken by Program Staff for the benefit of my child comes at my cost, including but not limited to, emergency medical treatment or care and ambulance transportation. I promise to hold Program Staff & Belleville First United Methodist Church harmless and indemnify them for any and all costs associated with any medical treatment it has deemed necessary and/or appropriate for the well-being of my child, including, but not limited to, any and all costs associated with emergency room visits, hospital care, and ambulance services. I specifically release Program Staff & Belleville First United Methodist Church from any and all/ claims, loss, costs, damage, or expenses arising out of or from the exercise of their discretion in seeking medical treatment on behalf of my child as Program Staff may deem necessary and/or appropriate, and/or expenses associated with any negligent treatment or medical malpractice committed by any medical professional, which I might otherwise pursue against Program Staff & Belleville First United Methodist Church in whole or part, including joint or several liability.

I ATTEST THAT I HAVE THE LEGAL RIGHT TO MAKE DECISIONS FOR THE CHILD NAMED ABOVE. I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE BELLEVILLE FIRST UNITED METHODIST CHURCH FROM LIABILITY OR FINANCIAL GAIN FROM USE OF IMAGES,

PERSONAL INJURY, ILLNESS, MEDICAL TREATMENT, HOSPITALIZATION, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Parent/Guardian Printed Name: _____ Parent/Guardian Signature: _____