 **Park Avenue United Methodist Church Vacation Bible School**

**Monday, July 31 – Friday, August 4**

**9 a.m. to Noon**

Park Avenue United Methodist Church

3400 Park Ave South, Minneapolis, MN 55407

**Registration Form (one per family)**

**Child’s Name Age or last school Allergies/Medical**

**grade completed Information/Other**

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**Parent/Guardian Name(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone Numbers Best phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **2nd best phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail Address(es)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dismissal Information**

**Name(s) of person(s) who may pick up child from VBS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By registering my child for this activity, I, (parent /guardian) acknowledge that I have read and agree to the waiver printed below and that I give permission for photos and videos showing my child to be used for promotion of the Urban Summer Program and Park Avenue Youth & Family Services.

**Waiver -**I understand that participation in resident camp, day camp, field trips or other programs is a potentially hazardous activity.  I assert that my child is medically and physically able to withstand the rigors of such an activity.  In consideration of the acceptance of my child's application to be included in the Park Avenue United Methodist Church (PAUMC) and Park Avenue Youth & Family Services (PAYFS) program or trip, I assume any and all risks associated with this program/trip, including but not limited to accidents, the effects of weather, all acts of negligence on the part of the participant, the staff, or leadership, friends, or peer groups of the participant, and the acts of third parties not under the control of PAUMC and PAYFS.  Knowing these facts and in consideration of the acceptance of this application, I hereby for myself, my child, on his/her behalf knowingly covenant not to sue, and waive, release and discharge PAUMC and PAYFS, its employees, volunteers and any and all individuals in any way connected with it from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my child's participation in this program.

I understand that alternative programs/trips exist and I am aware of the alternative to my child's participation in this program.  With this in mind, I knowingly and willingly choose to accept the terms and conditions of this Waiver and do so in consideration of my child's inclusion in this program.

**Signature of Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_