



Monday, June 24 to Thursday, June 27 from 6:30-8:30 pm

Zion United Methodist Church of Iona
1920 South Fifth avenue, Lebanon, PA 17042
Church phone: 717-273-2958
Church email: ionaoffice@comcast.net

Registration Form

(One per child)

Please return to the church or a church member by June 9th.

Child's name: _____

Age: _____ Birthdate: _____ Last grade of school completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: (_____) _____

Relationship to Child: _____

For church use only- Crew number or name: _____

Release Form – ROAR VBS 2019

Parents/Guardians: Please read the releases below and the sign at the bottom. This release is valid until redacted in writing by parents.

General: I give my consent for my child to attend all VBS meetings, activities, and events. I will be provided specific event information in advance of any special activity that will be taking place.

Medical: In the event of a medical emergency and when a contact cannot be made in a timely manner to me and/or the emergency contact listed, I give my permission for my child to receive appropriate medical attention.

*In the event of an unforeseen emergency or any accidents, I release Zion United Methodist Church of Iona, its employees, volunteers, and all those related to it from any liability. I have provided emergency contact numbers and am assured that I will be contacted as soon as possible in the event that there is an emergency.

Transportation: In the event of an emergency and should transportation be needed, I agree to allow my child to ride with children leaders, another staff member, a volunteer of the church, or apparent. Appropriate safety standards will be maintained and children will always be provided seatbelts.

Photograph Release: Occasionally photos and videos may be taken during VBS week and I grant permission for Zion United Methodist Church of Iona to post photos and videos including my child on its website, social media, or in other church publications.

Release: To the fullest extent permitted by law, I release Zion United Methodist Church of Iona, its trustees, officers, directors, employees, volunteers, and representatives from any injury, harm, damage, or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Zion United Methodist Church of Iona, its trustees, officers, directors, employees, volunteers, and representatives from any claims arising out of my minor child's participation in the activity.

I agree with the above releases.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____ **Date:** _____