

# High Seas Expedition VBS 2010



Grace United Methodist Church  
2400 E Hwy 50, Lee's Summit, MO 64063



(816)246-5764



July 25th-29th 6-8:30pm

**\*I need one registration form per child. One t-shirt/CD area filled out per family.\***

Name \_\_\_\_\_

(as you want it to appear on the nametag)

Age \_\_\_\_ DOB \_\_\_\_\_ Grade in 09/10 school year \_\_\_\_\_

Address \_\_\_\_\_

Daytime ph # \_\_\_\_\_ Evening ph # \_\_\_\_\_ Cell ph# \_\_\_\_\_

Person(s) authorized to pick up children:

\_\_\_\_\_ relationship

Food allergies/special diets: \_\_\_\_\_

Health/developmental concerns that need to be known by Grace UMC VBS staff:

Emergency Treatment for participating minors:

In the event of an illness or accident that requires immediate medical attention\* at a time when a parent/guardian cannot be reached, I give permission for the Director and/or pastor of Grace United Methodist Church VBS permission to authorize such treatment. I will not hold the church or medical personnel responsible. This is done with the understanding that every reasonable attempt will have been made to contact all persons listed as an emergency contact.

\*In the judgment of the director of VBS or pastor of Grace UMC.

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_

Hospital/doctor preference if any \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name relationship to child phone number



This part only needs to be filled out 1 per family:

Registration fee: \$5 per child (\$15/family max) checks payable to Grace UMC

T-shirts \$5 music CD \$6

T-shirt sizes Youth S/M/L Adults S/M/L/XL

Number and sizes of t-shirts for family:

---

Amount paid:

Registration \_\_\_\_\_

T-shirts \_\_\_\_\_

CD \_\_\_\_\_

Total: \_\_\_\_\_