



# Food Truck Party VBS Registration

at Adrian First United Methodist Church  
1245 West Maple Ave, Adrian MI 49221  
June 20-24 from 9:00-12:00pm

Child's Name \_\_\_\_\_ School Grade in fall of 2022 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Child's Age (as of June 1, 2022) \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (main contact) \_\_\_\_\_ Email (main contact) \_\_\_\_\_

Home Church \_\_\_\_\_

Promotional Release: I give my consent for any pictures/video taken of my child during VBS to be shared in any future publication (including on the website and social media pages) of Adrian FUMC so long as it does not include my child's name or personal information.

Yes, I give consent

No, I do not give consent

Allergies, Medical Conditions or Special Concerns

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In Case of Emergency Contact \_\_\_\_\_

Emergency Phone (must be different than main number) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Medical Release**

In the event of an emergency, I give permission for Adrian FUMC to seek medical attention for my child, and I assume the responsibility for all medical bills, if any.

**Hold Harmless Agreement**

I, the parent or legal guardian of the child release, discharge, and agree to hold harmless Adrian FUMC from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by me and/or the child that occur while participating in the event. I recognize the element of risk involved in this event. I assume all risk of personal injury, sickness, death, property damage, and expense as a result of participation in the event.

**Pick Up:** The following people are authorized to pick up my child. Please note that your child will not be released to anyone not listed here

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p><b>T-Shirt Size</b></p> <p><input type="checkbox"/> Child S</p> <p><input type="checkbox"/> Child M</p> <p><input type="checkbox"/> Child L</p> <p><input type="checkbox"/> Child XL</p>	<p><input type="checkbox"/> Adult S</p> <p><input type="checkbox"/> Adult M</p> <p><input type="checkbox"/> Adult L</p> <p><input type="checkbox"/> Other _____</p>
<p>Parent/Guardian Signature _____ Date _____</p>	

