

# Bellport United Methodist Church

## 2022 VBS Camp (Vacation Bible School) Registration

August 1st~ 5th, 9 AM. ~ 12 PM. ( Monday ~ Friday), Age 4 ~ 15

Please Print Clearly

CHILD'S NAME \_\_\_\_\_ SEX: M\_\_\_ F\_\_\_\_\_

DATE OF BIRTH: MONTH \_\_\_\_\_ DATE \_\_\_\_\_ YEAR \_\_\_\_\_

GRADE JUST COMPLETED: \_\_\_\_\_ (May require proof of grade completed)

PARENTS'/ GUARDIANS' NAMES\* \_\_\_\_\_

\*Those listed as guardians must provide proof of legal guardianship

MAILING ADDRESS \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ @ \_\_\_\_\_

### Emergency Contacts (**Please list 2**)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number \_\_\_\_\_

I am registering for: **Summer** \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

T-SHIRT SIZE: **Circle one** (One T-shirt included with registration) Child: S M L Adult: S M L XL

Extra T-Shirt, \$8 per t-shirt Total Payment : \_\_\_\_\_

Registration Fee: \$50 check payable to "Bellport United Methodist Church" Please indicate "VBS" on Memo Line

**Rights and Responsibilities** The regulatory program of the New York State Department of Health places specific responsibilities on children's camp operators and on local health departments that enforce department regulations. Following is a summary of rights and responsibilities:

**Rights of Parents and Guardians** • To be informed by the VBS camp director, or his or her designee, of any incident involving your child, including serious injury, illness, or abuse.

**Please Print Clearly**

Is your child currently in good health? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, please describe):

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Does your child have any restrictions/limitations with regard to physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please describe): \_\_\_\_\_

Does your child have any recent illness or injury or existing medical conditions?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please describe): \_\_\_\_\_

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Is your child on any medication(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please specify and provide any necessary instructions): \_\_\_\_\_

Does your child have allergies (e.g., medicine, food, drink, insect stings, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please specify): \_\_\_\_\_

Has your child had any potential exposure to communicable diseases or recent travel in the two weeks prior to the start of camp? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes please specify): \_\_\_\_\_

Attached is a copy of my child's current immunization record: Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby authorize and approve my child's participation in the recreation program sponsored by the Bellport United Methodist Church. I know of no physical disabilities or illnesses which would interfere with my child's participation in this program. As parent/guardian of \_\_\_\_\_ (participant),

I do hereby agree that participation in any Bellport United Methodist Church-sponsored recreation/camp program will be at the participant's own risk. I further agree to release the Bellport United Methodist Church, including their respective officers, elected officials, servants, agents, and employees from any and all claims for damages due to personal injury and loss or damage to property from any cause whatsoever sustained by myself or the participant in connection with the Bellport United Methodist Church sponsored recreation/camp program. I understand that no expenses or implied warranties have been made by the Bellport United Methodist Church as to the fitness for use of the supplies, equipment, and facilities used in conjunction with any of the Bellport United Methodist Church-sponsored recreation programs.

**\*\*This form, immunization record, and \$50 registration fee must be received for a spot to be confirmed. No Refunds are available.**

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Relationship to participant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date