

**Cokesbury's Food Truck Party: On a Roll with God**  
**Vacation Bible School 2022~ Ages 4 (4 by 9/1/2022) - 5th grade**  
**June 13-17, 2022~ 9:00 am – 12:15pm**  
**Carteret Street United Methodist Church**

Childs' Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Mother's name \_\_\_\_\_ cell phone \_\_\_\_\_

Father's name \_\_\_\_\_ cell phone \_\_\_\_\_

Allergies or other conditions which may limit activity? \_\_\_\_\_

Home church \_\_\_\_\_

***In Case of Emergency, contact:*** \_\_\_\_\_ ***phone*** \_\_\_\_\_

Dismissal Information: Name(s) of person(s) who may pick up this child from VBS

\_\_\_\_\_

**VBS Permission Slip**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Carteret Street United Methodist Church, its staff, and volunteers of any liability against personal losses of named child.

\_\_\_\_\_ has my permission to attend Vacation Bible School.

(Name of Child/Children)

We, the undersigned, have legal custody of the child named above, a minor, and have given our consent for him/her to attend the said event being organized by Carteret Street United Methodist Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Carteret Street United Methodist Church, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Carteret Street United Methodist Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We understand that Carteret Street United Methodist Church does not carry health insurance on participants and are in no way responsible for the cost of any medical care. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by my/our health insurance provider. I/We also agree to bring my/our child home at my/our own expense should he/she becomes ill or if deemed necessary by Carteret Street United Methodist Church, its pastors, employees, agents, or volunteer workers.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Media Release**

I give permission for interviews, photographs or video footage of my child or myself to be used by CSUMC for promotional purposes.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_