

SOUMC ANNOUNCES
"IN PERSON VBS"
VACATION BIBLE SCHOOL

Aug 4th, 5th & 6th, 5:30-8:00pm



"Quest for the King's Armour"



Register for VBS at SOUMC.ORG



For more info
Contact
Summer Gilliam
VBS Lead Coordinator
Summahjoyy@gmail.com

Email a scanned copy or picture of your completed
Registration form to sign up (soumc@sbcglobal.net)

VACATION BIBLE SCHOOL (VBS)
REGISTRATION FORM



Child Name: _____

Age: _____ Grade: _____

Parents Name: _____

Parents Cell #'s: _____

Email Address: _____

Home Address: _____

Home Church: _____

Dietary Restrictions: _____

Emergency Contact Name: _____

Emergency Contact Tel #: _____

Other Persons authorized to pick up child: _____

AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR

I, the undersigned parent or guardian of a minor, _____ do hereby authorize bona fide officials of the SHERMAN OAKS UNITED METHODIST CHURCH as agents for the under-signed to consent to x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable and is to be rendered under the provisions for the Medical Practice Act by the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I hold harmless the SHERMAN OAKS UNITED METHODIST CHURCH, its Boards, officers, members, clergy, staff, agents and volunteers from any and all claims, losses, costs, obligation and liabilities for injuries to any persons or for damages to or loss of property of any kind in any way arising out of participation of the above mentioned person, whether or not arising from any alleged negligence, fault or legal liability of the SHERMAN OAKS UNITED METHODIST CHURCH, its Boards, officers, members, clergy, staff, agents and volunteers. This authorization shall be effective AUGUST 4 – 6, 2021.

SHERMAN OAKS UNITED METHODIST CHURCH may take photos and videos during activity which may later be used for marketing and promotional purposes within the bounds of the SHERMAN OAKS UNITED METHODIST CHURCH. If you would not like your child appearing in any of these materials, please request this in writing to SHERMAN OAKS UNITED METHODIST CHURCH, 14401 Dickens St. Sherman Oaks, CA 91423.

Signature: _____

Print Name: _____

Date: _____

**Email a scanned copy or picture of your completed
Registration form to sign up (soumc@sbcglobal.net)**