

VBS BABYLON + MUSICAL THEATER CAMP July 23-27, 2018 (9am-4pm)

Deadline: July 15th or when camp is full

For kids finishing Kindergarten to finishing 8th grade

\$90 includes t-shirts for the two camps. Camper must provide their own lunch every day.

Child's Last Name: _____ Child's First Name: _____

Please circle the grade your child completed this year: Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Child's Date of Birth (day/month/year): _____

Child's t-shirt size: ___ Child/Youth **S** (size 6-8) ___ Child/Youth **M** (size 10-12) ___ Child/Youth **L** (size 14-16)
___ Adult **S** ___ Adult **M** ___ Adult **L** ___ Adult **XL** ___ Adult **XXL** (all shirts are Gildan brand)

Child's previous music and/or theater experience (if any): _____

I'd like my child to be in the same VBS group as: (first/last name) _____

Allergies / Special Needs / Physical Limitations: _____

PARENT / GUARDIAN CONTACT INFORMATION

Name: _____ Email: _____

Address (street, city, zip): _____

Cell phone: _____ Daytime phone: _____

VOLUNTEER! Child's registration is waived for adults who volunteer M-F at VBS as group leaders or station leaders.

Check all that apply. I would like to help with: ♦ games leader ___ ♦ crafts/projects leader ___ ♦ A/V leader ___
♦ food station leader ___ ♦ song station leader ___ ♦ opening/closing leader ___ ♦ small group leader (preferred age of child or no preference) _____ Child's registration is waived for adults who volunteer M-F at musical theater camp.
Let us know if you have specific skill(s) or a music background. This is not a requirement for you to volunteer, but rather to help us plan: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1: _____ Phone: _____

Relationship to child: _____

Emergency Contact #2: _____ Phone: _____

Relationship to child: _____

PICK-UP ARRANGEMENTS: Please be aware that we will ONLY release your child to the adult(s) listed below or to the parent / guardian named on the registration form:

First/Last Name: _____ First/Last Name: _____

Photo/Video Release: I give Foothills UMC permission to use photographs or video that include my child in media products including newsletters both print and email, posters, brochures, post cards and web pages. My child will not be identified in any of these media products. Yes ___ No ___

Return form with payment (check or cash payable to FUMC) to Foothills UMC, 4031 Avocado Blvd., La Mesa, CA 91941.