



# REGISTER FOR VBS!

LHUMC • June 14-17, 2021 • 6-8pm

\$10 donation per child (\$30 family max. • Additional room on back)  
*(Preregister by JUNE 7 to assure shirt size & zoom through Express Check-in!)*

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Contact Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Will anyone other than Parent/Guardian be dropping off or picking up your child? If yes, please list: \_\_\_\_\_

## Participant #1

Child's Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Going into Grade \_\_\_\_\_

**Please check T-Shirt Size: (Register by JUNE 7 to assure size)**

- Youth SML     Youth MED     Youth LG  
 Adult SML     Adult MED     Adult LG     Adult XL     Adult 2XL

**Please check Preferred Activity:**

- Crafts                       Games & Rec  
 Science                       Pre-K & K (Variety)

**Allergies**     None     Yes (please list) \_\_\_\_\_

**Consent and Medical Release Information. Please check any that apply:**

- Diabetes                       Heart Trouble                       Epilepsy  
 Thyroid Problems             Asthma                                   Rheumatic Fever

Please sign consent on page 2

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For office use: A/Initial

YOUNG  
 KNIGHTS  
 CHOOSE  
 FROM  
 PRE-K &  
 KINDER  
 GAMES  
 & REC  
 CRAFTS  
 SCIENCE



Register early to insure your child's spot at LHUMC's **Knights of North Castle** for ages 4 through 6th grade! Register up to four family members on this form and be sure to sign permission on the back. Completed forms and payment may be turned in or mailed to the church office. Easy online registration and payment are available online at [www.LakeHoustonUMC.com](http://www.LakeHoustonUMC.com) NEW! *Express check-in for those who pre-register by June 7!*



LAKE HOUSTON  
 UNITED METHODIST  
 C H U R C H

23606 FM 2100 / PO Box 886  
 Huffman, TX 77336  
 Find out more at our website  
[www.LakeHoustonUMC.com](http://www.LakeHoustonUMC.com)  
 or call (281) 324-1541

## Participant #2

Child's Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Going into Grade \_\_\_\_\_

**Please check T-Shirt Size: (Register by JUNE 7 to assure size)**

- Youth SML     Youth MED     Youth LG  
 Adult SML     Adult MED     Adult LG     Adult XL     Adult 2XL

**Please check Preferred Activity:**

- Crafts                       Games & Rec  
 Science                       Pre-K & K (Variety)

**Allergies**  None  Yes (please list) \_\_\_\_\_

**Consent and Medical Release Information. Please check any that apply:**

- Diabetes                       Heart Trouble                       Epilepsy  
 Thyroid Problems                       Asthma                       Rheumatic Fever

## Participant #3

Child's Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Going into Grade \_\_\_\_\_

**Please check T-Shirt Size: (Register by JUNE 7 to assure size)**

- Youth SML     Youth MED     Youth LG  
 Adult SML     Adult MED     Adult LG     Adult XL     Adult 2XL

**Please check Preferred Activity:**

- Crafts                       Games & Rec  
 Science                       Pre-K & K (Variety)

**Allergies**  None  Yes (please list) \_\_\_\_\_

**Consent and Medical Release Information. Please check any that apply:**

- Diabetes                       Heart Trouble                       Epilepsy  
 Thyroid Problems                       Asthma                       Rheumatic Fever

## Participant #4

Child's Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Going into Grade \_\_\_\_\_

**Please check T-Shirt Size: (Register by JUNE 7 to assure size)**

- Youth SML     Youth MED     Youth LG  
 Adult SML     Adult MED     Adult LG     Adult XL     Adult 2XL

**Please check Preferred Activity:**

- Crafts                       Games & Rec  
 Science                       Pre-K & K (Variety)

**Allergies**  None  Yes (please list) \_\_\_\_\_

**Consent and Medical Release Information. Please check any that apply:**

- Diabetes                       Heart Trouble                       Epilepsy  
 Thyroid Problems                       Asthma                       Rheumatic Fever

**OFFICE USE:** Date Paid \_\_\_\_\_ Taken By \_\_\_\_\_

- Cash     Check # \_\_\_\_\_     Visa/MC/Other

I \_\_\_\_\_  
hereby give my consent as the parent/guardian of  
participants

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

to attend/participate in Lake Houston UMC  
Vacation Bible School.

**Consent of Release Liability:** I do hereby  
waive, release, covenant not to sue and forever  
discharge, to the fullest extent permitted by law,  
Lake Houston United Methodist Church and its re-  
lated or connected organizations, officers, agents,  
employees, representatives, successors, assigns  
and all other of and from any and all responsi-  
bilities, claims and expenses, personal injury,  
wrongful death or liability for injuries or damages  
of any kind resulting from the participation of my  
child(ren) in any activities of the Lake Houston  
UMC Vacation Bible School. I do also hereby  
indemnify, release and hold harmless, to the fullest  
extent provided by law, all of those mentioned and  
any other acting upon their behalf or in any way  
arising out of or connected with my child's partici-  
pation in any activities of the Lake Houston UMC.

**Consent of Medical Release:** As parent and/  
or guardian, I hereby authorize and direct the  
treatment by a qualified and licensed medical  
doctor of my child(ren) in the event of a medical  
or dental emergency, which in the opinion of the  
attending physician, may endanger his/her life,  
or cause disfigurement, physical impairment, or  
undue discomfort if delayed. The authority is grant-  
ed only after reasonable effort has been made to  
reach me.

**Photo Release:** As parent and/or guardian, I  
hereby grant permission to Lake Houston UMC  
to use photograph(s) taken at VBS on its website or  
in other official church printed publications without  
further consideration. I acknowledge the church's  
has the right to crop or treat the photograph(s) at  
its discretion. I also understand that once my im-  
age is posted on the church's website, the image  
can be downloaded by any computer user, any-  
where in the world. Therefore, I agree to indemnify  
and hold harmless the church, its trustees, pastor,  
associate pastors, deacons, its members and des-  
ignees from any claims arising out of the use of  
my photograph(s). The church reserves the right  
to discontinue use of any photograph(s) without  
notice.

**Parent/Guardian Printed:**

\_\_\_\_\_

**Parent/Guardian Signature:**

\_\_\_\_\_