

**LAFAYETTE UNITED METHODIST CHURCH- VACATION BIBLE DAY CAMP REGISTRATION**  
**June 25-29, 9 a.m.-12 noon**

Name \_\_\_\_\_ Boy/Girl \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street and Number, Apt. No. City State Zip

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Enters Grade \_\_\_\_\_ Fall '12 T-Shirt Size- (circle one) Child: Sm. 6-8 Med. 10-12 Lg. 14-16  
Adult: Sm. Med. Lg. XLg.

I/We would like to help at Vacation Bible Day Camp: Yes No

Everyday: \_\_\_\_\_ Specific days: \_\_\_\_\_ Other: \_\_\_\_\_

Your church home: \_\_\_\_\_

In case of Emergency, contact:

Parent \_\_\_\_\_  
Name Address Day Telephone Cell Telephone

Parent \_\_\_\_\_  
Name Address Day Telephone Cell Telephone

Other \_\_\_\_\_  
Guardian, Relative or Friend Address Day Telephone Cell Telephone

I give permission to the Vacation Bible Day Camp staff at Lafayette United Methodist Church to obtain immediate medical assistance.

\_\_\_\_\_  
Parent/Guardian Date

Doctor's Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Medical # \_\_\_\_\_ Telephone number: \_\_\_\_\_

Allergies (including food) or other limiting conditions: \_\_\_\_\_

**LUMC Audio/Visual Release**

I give permission to Lafayette United Methodist Church to make photographs, video and audio recording of myself and my minor children in context of our participation in the church's ministry. I understand that these recordings and photographs will be used only in programs, printed materials, internet or other legal purposes of Lafayette United Methodist Church. I further understand that full names will not be used in connection with photos on the internet and that all efforts will be made to ensure privacy and security precautions are taken.

\_\_\_\_\_  
Parent/Guardian Date

*Please return this form with a check for \$50 (\$60 if registered after June 18)*  
*Checks can be made payable to:*  
*Lafayette United Methodist Church,*  
*955 Moraga Road, Lafayette, CA 94549.*

*Any questions please call LUMC at 284-4765 or Sue Renno at 284-5173*