



**2024 Hero Hotline
 REGISTRATION FORM**
Grand Blanc United Methodist Church
For children 3 years old through 5th grade
July 10, July 17, July 24, July 31
9:30am to 12:30p

Parent/Guardian

Name(s): _____ Home Phone: _____

Address: _____ Cell Phone 1: _____

City: _____ Zip: _____ Cell Phone 2: _____

Family Church: _____ Email: _____

Emergency Contact Name and Phone # _____

Child's Name (First, Last)	Gender	Age	Grade (Just Finished)	ALLERGIES
1. _____	M / F	_____	_____	_____
2. _____	M / F	_____	_____	_____
3. _____	M / F	_____	_____	_____
4. _____	M / F	_____	_____	_____

Terms and Conditions:

I understand that my child/children may participate in physical activities such as those held during VBS. As with any physical activity, there is risk of injury. I fully accept this risk and hold harmless from any legal liability to Grand Blanc United Methodist Church and any persons involved in the Vacation Bible School Ministry.

I grant to Grand Blanc United Methodist Church the right to photograph my child during activities of the VBS program. I understand these photographs may be used in the church and/or posted on Facebook (without name recognition).

- _____ Yes, I give permission for my child/children to be photographed or videotaped.
- _____ Yes, I give permission for my child/children(s) photos to be posted on Facebook.
- _____ No, I do not give permission for my child/children to be photographed or videotaped.
- _____ I agree to future mailings from Grand Blanc United Methodist Church regarding special events only.

Parent/Guardian

Signature: _____ Date: _____



