# Just Like Me

## Community VBS 2026

**Hosted by Sugar River UMC and Salem UCC**

**Registration and Waiver Release Form (PreK-Grade 12)**

**Date: July 7-9, 2026**

**Time: 5:45-7:30pm**

| Child's Name (Last, First) | Birthdate | Last Grade Completed |
|---|---|---|
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| | | |
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**Parent/Guardian Name(s)**_____

**Address** _____

**Home Phone** _____ **Cell Phone** _____ **Work Phone** _____

**Parent email address(es)**_____

**LIABILITY RELEASE:** In consideration of *Salem UCC, Verona* and *Sugar River UMC, Verona* allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless *Salem UCC,Verona and Sugar River UMC, Verona*, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless *Salem UCC, Verona* and *Sugar River UMC, Verona* , its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

**PHOTO/VIDEO PERMISSION:** I **DO / DO NOT** (*circle one*) give my consent to *Salem UCC, Verona* and *Sugar River UMC, Verona* to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless *Salem UCC, Verona* and *Sugar River UMC, Verona* from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at *Salem UCC, Verona* and *Sugar River UMC, Verona's* Vacation Bible School. **None of the photos will be for personal use.**

I hereby give permission for my child(ren) to participate in Vacation Bible School at *Salem UCC, Verona* and *Sugar River UMC, Verona* on *July 7, 8 and 9, 2026 @ 5:45-7:30pm.*

**Parent/Guardian Signature** _____ **Date** _____

**Complete the following for each child in the family.**

***All information will remain confidential to Vacation Bible School staff.***

**Child's Name** _____ **Medical Insurance** YES___NO

**Insurance Company** _____ **Policy/GroupID#** _____

**Allergies, Medications, and/or Medical Conditions** _____

_____

_____

**Activity restrictions** _____

**Parent/Guardian phone number(s)** _____

**Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:**

**Name(s)** _____

**Contact Phone** _____

**People authorized to pick up my child** _____

_____

**Child's Name** _____ **Medical Insurance** YES___NO

**Insurance Company** _____ **Policy/GroupID#** _____

**Allergies, Medications, and/or Medical Conditions** _____

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**Activity restrictions** _____

**Parent/Guardian phone number(s)** _____

**Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:**

**Name(s)** _____

**Contact Phone** _____

**People authorized to pick up my child** _____

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**Provide information for additional children as needed.**

***Return registration forms by June 28 to:***

***Emily Bass, Salem UCC, 502 Mark Dr., Verona, WI 53593 faithformation@salemchurchverona.org***

**~OR~**

***Erin Ford, Sugar River UMC, 415 W. Verona Ave., Verona, WI 53593 erin.ford@sugarriverumc.org***