



God is on the Move...

The Exodus Experience

Mount Olivet United Methodist Church

Vacation Bible Camp 2018

August 13th thru August 17th

Monday and Tuesday 5:00 PM to 8:00 PM

Wednesday Day Trip 10:30 AM to 3:30 PM

Thursday and Friday 5:00 PM to 8:00 PM

Bible Camp Registration Form.....K thru 8th grade

Name: _____

Street Address: _____

City: _____ State _____ Zip: _____

Home Phone: _____

Age: _____ Grade this school year: _____

In an emergency, contact:

Parent: _____ Cell#: _____

Other: _____ Cell#: _____

I hereby give my permission and approval as Parent and/or legal guardian for my child to participate in VBS 2018. It is my understanding that all activities are approved by the church and will be appropriately chaperoned by adult leaders and staff. In the event that my child becomes ill or sustains injury during VBS, I give my permission to those in charge to take whatever steps necessary to stop bleeding and to administer first aid, in the event I cannot be reached by phone. I also consent to an X-ray exam, anesthetic, or medical/dental or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child upon the advice of a duly licensed physician. I will not hold the staff, counselors or Mount Olivet United Methodist Church responsible for any incident occurring to my child resulting from reasonable and prudent activities or counselor and/or staff action.

I further understand that my child is participating at his/her own risk.

Parent Signature: _____

Date: _____

Return registration to church office or mail to:
Mount Olivet United Methodist Church, 301 Mt. Olivet Rd., Concord, NC 28025
www.mtochurch.com