

Missionaries in Training
VBS for Youth completing 5th – 8th grades

"Each of you should give what you have decided in your heart to give, not reluctantly or under compulsion, for God loves a cheerful giver." 2 Corinthians 9:7



First United Methodist Church, Austin
August 5-9, 2013
9 am – 5 pm

Registration deadline: July 14, 2013

Please complete both sides of this form.

Name of Youth: _____

Email (if applicable): _____

Street Address: _____ Phone: _____

City _____ State _____ Zip _____

Birth date: _____ Current Age _____ Completed Grade (June 2013) _____

Name of home church: _____

Parent/Guardian Name _____

email: _____

Father's work phone _____ Mother's work phone _____

MIT is a full day. 9-12 pm will be VBS programming at FUMC; 12-5 pm will be lunch and mission opportunities at FUMC and the surrounding area; making lunch will be part of our day

My youth will attend:

_____ 9 am - noon

_____ 9 am - 5 pm (lunch provided)

T-shirt Size Adult S___ M___ L___ XL___

In case of an emergency, please call one of the following:

Name _____ Phone: _____

Relationship _____

Name _____ Phone: _____

Relationship _____

The supply fee for the week of MIT is \$60 per child (includes lunch and t-shirt; half-day is \$40)
Checks payable to FUMC
(over)

Medical Information

Medical Insurance_____

Street Address_____

City_____ State_____ Zip_____

Name of Insured_____

Youth's relationship_____

Policy numbers_____

Date of last tetanus booster_____

Allergic reactions to any of the following? Please check and list:

_____ Bee stings/other insects _____

_____ Medications _____

_____ Foods _____

_____ Other _____

List any medications child takes regularly:

Please list any activities from which this child should be restricted

I/We hereby authorize the staff of First United Methodist Church to consent to emergency medical treatment for my child, _____, if we cannot be personally present. Emergency treatment by any medical doctor, EMS provider, healthcare provider, or hospital, is authorized.

Preferred Provider_____ Phone_____

Street address_____

City_____ State_____ Zip_____

Signature of Parent/Guardian_____ Date_____