



**INSIDE OUT & UPSIDE DOWN ON MAIN STREET**  
**JULY 31- AUGUST 4**

**HAYSHIRE UCC VACATION BIBLE SCHOOL REGISTRATION**

(Please return to church office by Sunday July 24st – 100 Haybrook Dr. York, PA 17406)

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Entering Grade \_\_\_\_\_ in the fall.

Church membership or affiliation \_\_\_\_\_

Parent or guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell or other Phone # \_\_\_\_\_

Email \_\_\_\_\_

Known allergies or medical concerns \_\_\_\_\_

If parent not helping with VBS, person to contact in case of an emergency if parent not reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Where did you hear about our program? \_\_\_\_\_

**PARENT AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In case of medical emergency, I understand every effort will be made to contact the child's parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected by authorized Hayshire personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named below.

\_\_\_\_\_  
 Name of Child Birthdate

\_\_\_\_\_  
 Signature of Parent or Guardian Date

Sign below only if you decline to sign the release above.

I have been offered the opportunity to authorize emergency medical care as set forth above and decline to so authorize said emergency medical care without my approval. I accept such complications as may occur should said medical care be needed and unavailable due to my being unavailable to provide the same.

\_\_\_\_\_  
 Signature of Parent or Guardian Date

