

2026 Registration & Parental Consent Form for minors to participate in First Mennonite Church sponsored activities

VBS Registration for those Kindergarten eligible up to completion of 5th grade.
Tuesday, May 26 – Friday, May 29, 8:30-11:30 am, 2026

Child's Name: _____ Grade Completed: _____ School: _____

Child's address: _____ City: _____ State: _____ Date of Birth: _____

Custodial Parent(s) name and phone numbers: _____

Emergency Contact and number: _____

Name(s) and phone numbers of others authorized to pick up your child: _____

Special needs, dietary needs, or additional information that may be helpful: _____

Parental Consent Form for minors participating in all activities sponsored by First Mennonite Church, 6714 State Hwy 4, Beatrice, NE, 68310. Church: 402-395-4440. Pastor: 402-631-3481

The undersigned does hereby give permission for our/my child _____ to attend and participate in the following activities sponsored by First Mennonite Church, Beatrice, NE: _____ in the year _____.

(Initialing each line below acknowledges I've read it and agree.)

____ If I or the emergency contact cannot be reached by telephone, we/I authorize an adult, in whose care the minor child has been entrusted, to consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or specific supervision and the advice of any physician or dentist licensed under the provisions of the Medical Practice Act of a licensed hospital where the diagnosis or treatment is rendered, or at the office of said physician, or at said hospital. The undersigned agrees to pay all costs and expenses for medical and dental services provided to the child under this authorization.

____ Should it be necessary for our/my child to return home (for any reason, medical or other), upon consulting with the parent(s), the undersigned shall assume all transportation costs.

____ I hereby give permission for our/my child to ride in an appropriate vehicle to parental approved FMC activities, driven by an FMC approved driver in whose care the minor has been entrusted. I understand that all reasonable safety precautions will be taken.
**** VBS will conclude with a trip to Beatrice Rolla Rena on Friday for skating & pizza, leaving FMC at 11:40 am. Pick up children from Beatrice Rolla Rena, 1133 S 6th, Beatrice, NE by 2:00 pm. # of family joining us for pizza: _____**

____ I give permission for my child(ren) to be photographed or in a brief video of activities taking place during FMC sponsored youth activities and used in online posts. **Please circle: YES NO**

____ I release First Mennonite Church,(FMC), Beatrice, its staff and volunteers, from any liability in case of accident, illness, or injury during FMC sponsored events.

Health Insurance Company _____ Policy Number _____ Group Number _____
(a copy of the card must be provided for overnight trips)

Food & Medical Allergies: _____

Special Medical Problems: _____

Anything else we should know about your child? _____

Custodial Parent/Guardian Signature: _____ Date _____