

Register me for VBS!



Child's name _____
Gender: Male Female Birthdate ____/____/____ Grade entering _____
Address _____ City _____ State _____ Zip _____
Parents/Guardian _____ Home phone _____
Work phone _____ Cell phone _____ Email _____
Emergency contact _____
Relationship to child _____ Phone _____
Please place my child with _____ Home church _____
Circle T-Shirt Size: Youth S M L XL Adult S M L XL
Food allergies Y ___ N ___ List _____
Medical concerns Y ___ N ___ Explain _____

Medical / Photo Release - VEFC - Vacation Bible School - June 17-21, 2019

I (we) give permission for my(our) child to attend and participate in this activity.

Pursuant to the provisions of Section 6.910 of the Family Code of California, I, the undersigned, legal guardian of _____, a minor, do hereby authorize, as agent(s), the consent to any diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act, or by a dentist licensed under the provision of the California Dental Practice Act. It is understood that this authorization is given in advance of any specific care being required, but it is given to provide authority to give care, which a physician may, in the exercise of his/her best judgment, deem advisable.

I hereby authorize any hospital, which has provided treatment to the above named minor to surrender physical custody of such minor to the above named agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

I hereby release Visalia Evangelical Free Church, its employees or volunteer staff, and any other parties from liability in case of accident.

I hereby request the above named agent to carry out discipline deemed necessary for my child.

I (we) give permission for the staff and volunteers of Visalia Evangelical Free Church (VEFC) to take, use, and publish the photograph(s) and/or video(s) of the above named participant in Vacation Bible School (VBS) whether in print or electronic media, taken in conjunction with VBS activities. I agree that VEFC may use the photograph(s) and/or video(s) of the above named participant – without the participant's name or any other personal information included – for any lawful purpose, including such purposes as VBS slide shows, publicity, illustration, advertising, video productions, and web content. I acknowledge that no further notice is needed by the church prior to the release of the photograph(s)/video(s).

These authorizations shall remain effective until revoked in writing delivered to said agent.

Signature _____ Date _____

Circle One: Parent or Legal Guardian or Person Having Legal Custody

Office Use:

Paid Cash Check # _____ T-Shirt given