



Chapel in the Pines — MAKER Fun Factory VBS Registration Form June 12-16, 2017



Age Range: 4yrs. (potty trained) - kids just completing 5th grade

Child's Name: _____ Birth Date: _____

Parent/Gaurdian(s) names: _____

Parent(s) work phone(s): _____

Home Phone: _____ Cell Phone(s): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Calaveras Resident (circle): Yes / No If Yes (circle): Part-Time Resident / Full Time Resident

Email address(s): _____

In case of emergency, contact: _____

Allergies or other medical conditions: _____

School grade in the fall: _____ Name of Home Church, if any: _____

Medical Release

I (we) the undersigned parent(s) of _____, a minor, do hereby authorize adult volunteers of Chapel in the Pines Community Covenant Church as agent(s) for the undersigned, to consent to any medical, dental, or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Chapel in the Pines Community Covenant Church and any of its ministries or leaders during VBS 2016. This agreement does not apply for intentional misconduct or gross negligence.

Parent or Legal Guardian (please print): _____

Parent or Legal Guardian Signature: _____

Photo Release

I give permission for my child _____, to be in photographs taken during VBS by a Chapel in the Pines staff member or other authorized Chapel volunteer. These pictures may be used in various church communications and/or VBS slideshow.

Parent or Legal Guardian (please print): _____

Parent or Legal Guardian Signature: _____

Chapel in the Pines — P.O. Box 192; Arnold, CA 95223 — (209) 795-1064 — www.chapelinthepines.org

For Office Use Only: Registration Fee \$20/child * (\$25/child after 6/9) - paid cash _____ paid check _____ (# _____) t-shirt size _____

**Scholarships may be available—contact the Chapel Office at (209) 795-1064*