

Christ Community Church of Gridley
2018 Vacation Bible School Registration
July 23rd – 26th 6:00pm - 8:00 pm

Register your child to the grade that they will be heading into.

Name: _____ Age: _____ Grade Entering: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Youth Small(6/8) | <input type="checkbox"/> Youth Medium(10/12) | <input type="checkbox"/> Youth Large (14/16) |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large <input type="checkbox"/> XL <input type="checkbox"/> XXL |

Name: _____ Age: _____ Grade Entering: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Youth Small(6/8) | <input type="checkbox"/> Youth Medium(10/12) | <input type="checkbox"/> Youth Large (14/16) |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large <input type="checkbox"/> XL <input type="checkbox"/> XXL |

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- | | | |
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- | | | |
|---|--|---|
| <input type="checkbox"/> Youth Small(6/8) | <input type="checkbox"/> Youth Medium(10/12) | <input type="checkbox"/> Youth Large (14/16) |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large <input type="checkbox"/> XL <input type="checkbox"/> XXL |

Name : _____

Name : _____

Dinner: Please indicate if you will attend the dinner. Meals are for all workers, leaders, helpers, and entire families attending classes. (Serving from 4:45-5:30 pm).

Number that will be eating: _____

OFFICE USE ONLY
<input type="checkbox"/> PAID
<input type="checkbox"/> T-Shirt(s)
<input type="checkbox"/> CD

QUESTIONS?

Lori Hardman: 309-747-4444
 Becky Roth: 309-712-9686
 Sarah Meiss: 309-310-9564
 Registration Questions: Denise Benedict 309-747-3299

Please fill out medical & event image release information on back...

Medical and Liability Release Form

I (we) the undersigned parent(s) or guardian(s) of:

_____ (date of birth) _____,
_____ (date of birth) _____,
_____ (date of birth) _____,
_____ (date of birth) _____.

minor(s), do hereby authorize adult volunteers of Christ Community Church of Gridley as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Christ Community Church of Gridley, any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian (Print) _____

Parent/Legal Guardian (Signature) _____

Date Signed _____

Mailing Address _____ City _____ Zip _____

Emergency Phone: Home (_____) _____ Work (_____) _____

Cell (_____) _____

Contact if parent/legal guardian is not available in an emergency:

Name(s) _____

Phone (_____) _____ Phone (_____) _____

Please list any allergies. Include medications, foods, etc.

Event and Image Permission Release

Yes No

Christ Community Church may mail me information for upcoming events at Christ Community Church

Yes No

Christ Community Church has my permission to use my child's or my own image/photo from Vacation Bible School on the church website, newsletter, or other Christ Community publications.

Parent/Legal Guardian (signature) _____

