

VBS REGISTRATION FORM

DATE _____

CHILD'S NAME (first) _____ (last) _____

SCHOOL _____ GRADE _____

HOME ADDRESS _____ City _____ Zip code _____

HOME PHONE _____ CELL PHONE _____

TELEPHONE NO. DURING 9AM TO 12 PM _____ E-MAIL ADDRESS _____

CHURCH _____ HOW DID YOU HEAR ABOUT OUR VBS _____

ALLERGIES _____

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

IF YOU ARE NOT THE PARENT/GUARDIAN OF THE CHILD ABOVE AND YOU WILL PICK UP THE CHILD, PLEASE FILL OUT YOUR INFORMATION HERE:

NAME (first) _____ (last) _____ HOME PHONE _____

- I give my permission for my child to walk home _____
- Consent for Medical Treatment on reverse side must be completed
- Please arrange to have your child picked up at the church promptly at 12:00. If the your child up is not the same person who dropped them off, we **MUST** be notified in advance. **NO EXCEPTIONS!**

MEDICAL CONSENT AND WAIVER

I, the undersigned parent/legal guardian of: _____ who was born _____
(Name of child) (birth date)

Do hereby authorize and consent to any X-ray, examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is rendered under the general or specific supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California, Department of Public Health. It is undersigned prior to rendering treatment to the patient, but that none of the treatment will be withheld if the undersigned cannot be reached.

Further, in consideration of the benefits to be derived from the participation of the minor in the Orland Evangelical Free Vacation Bible School, the undersigned, to the fullest extent permitted by law and on behalf of both the undersigned and the minor, hereby waives, releases, discharges and agrees to indemnify Orland Evangelical Free Church and its members, employees, volunteers, and agents from any and all claims of damages or liability which may hereafter accrue for death, personal injury, or property damage which may arise out of participation of the minor in the the Orland Evangelical Free Church.

Signed _____ Relationship _____ Date _____

Doctor's name _____ Doctor's phone _____

Medical Insurance Co. _____ Policy No. _____