

GHFC SUMMER 2018 Registration & Liability Release

CHILD'S INFORMATION

Child's First And Last Name _____

Gender _____ Female _____ Male

Birth Date _____

School Child Attends: _____

Age (as of June 2018) 4 years old 5 years old
 Kindergarten

or School Grade (as of August 2018) 1st grade 2nd grade 3rd grade
 4th grade 5th grade 6th grade

Name of 1 Buddy Request: _____

(we will try our best to accommodate)

PARENT/GUARDIAN INFORMATION

Address:

Street Name, City, State, Zip _____

Home Phone Number _____

Primary Contact's Name _____

Primary Contact Relationship to child _____

Primary Contact's Cell Phone _____

Primary Contact's Work Phone _____

Primary Contact's Email Address _____

Secondary Contact Info (i.e. father, mother, grandparent, etc.)

First and Last Name _____

Cell Phone _____

Relationship to child _____

MEDICAL INFORMATION

Insurance Carrier _____

Insurance Policy Number _____

Primary Care Physician/Clinic Name _____

Primary Care Phone Number _____

Date Of Last Tetanus Shot _____

Check If Child Has Had Any Of The Following

- Allergies
- Asthma
- Diabetes
- Epilepsy/Seizures
- Heart Problems

List Other Health Issues, Allergies, Allergies To Medications, and Any Activity Restrictions

Church You Attend (if applicable)
We Heard About VBS From: (check one) •

- Granada Heights Friends Church
- A Friend/Family Member
- Flier/Invite
- Other

If Other, Please State

In order to complete this registration the parent/guardian will need to read and agree to the information in the following Consent/Release form.

Consent/Release Form

The child above has my consent to attend Granada Heights Friends Church 2018 Summer events, sponsored by Granada Heights Friends Church and to participate in the activities involved in these events. I understand and agree that neither GHFC, nor its trustees, elders, representatives, employees, or agents may be held liable in any way for an occurrence in connection with involvement in Granada Heights Friends Church Summer events activities, which may result in injury, harm, or other damages to named child. In the event of a medical or dental emergency I authorize a representative of GHFC pursuant to the provisions of California family code 6910, to consent to medical or dental care or both for the named child. I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injections, anesthesia or surgery for named child. I understand that all billings for services rendered will be sent to the parent/Legal Guardian and who is responsible for the complete payment. I understand that insurance coverage is the responsibility of each family, and that the church carries liability insurance that only comes into effect if the church is negligent in the injury of my child. I also give permission to photograph and videotape named child for future promotional material, including GHFC website postings, without expectation of compensation. I, also, understand that in the event of repeated misconduct, the staff is authorized to contact parents of named child to be taken home. I understand that a photocopy, fax, or computer version of this document shall be treated as the original.

I agree to the above statements

Sign

Date

GHFC SUMMER 2018 CONSENT/RELEASE FORM

Student's Name: _____

The student above has my consent to attend Granada Heights Friends Church 2018 Summer events, sponsored by Granada Heights Friends Church and to participate in the activities involved in these events. I understand and agree that neither GHFC, nor its trustees, elders, representatives, employees, or agents may be held liable in any way for an occurrence in connection with involvement in Granada Heights Friends Church Summer events activities, which may result in injury, harm, or other damages to named student. In the event of a medical or dental emergency I authorize a representative of GHFC pursuant to the provisions of California family code 6910, to consent to medical or dental care or both for the named student. I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injections, anesthesia or surgery for named student. I understand that all billings for services rendered will be sent to the parent/Legal Guardian and who is responsible for the complete payment. I understand that insurance coverage is the responsibility of each family, and that the church carries liability insurance that only comes into effect if the church is negligent in the injury of my child. I also give permission to photograph and videotape named child for future promotional material, including GHFC website postings, without expectation of compensation. I, also, understand that in the event of repeated misconduct, the staff is authorized to contact parents of named child to be taken home. I understand that a photocopy, fax, or computer version of this document shall be treated as the original.

I agree to the above statements

Sign

Date

Printed Name: _____

Cell Phone Number: _____