

Creekside Evangelical Free Church Vacation Bible School Registration Form

Name: _____ Date of Birth _____ Age: _____ Grade: (entering) _____

Street Address: _____ City: _____ Zip: _____ Email: _____

Parent(s)/Guardian(s): _____ Home phone: _____ Cell: _____

Names of siblings: _____

Home Church: _____

If the parents/guardians are not available, please call:

Name: _____ Relationship: _____ Phone: _____

Allergies (food, plants, insects, medications, other): _____

Health information (recent illnesses, on medication currently, medical problems, dietary or activity restrictions): _____

Insurance Company: _____ Policy Number: _____

Primary Medical Physician: _____ Phone: _____

Preferred Hospital: _____

Liability / Medical Care / Emergency Authorization

It is my understanding that participating in a ministry event of the Creekside Evangelical Free Church of Merced (CEFC) is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, etc.. By signing this permission/waver form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risk of the child participating in the activities. I fully understand that participants are to abide by all the rules and regulations governing conduct during this event. I hold CEFC, its employees, and volunteers harmless from any and all liability or claim, which may arise out of or in connection with my child's participation in this event. It is my understanding that in case of emergency, CEFC will make every effort to contact me (the parents(s)/guardian(s) listed above) before using the below stated consent. In the event of an emergency affecting the health or welfare of the above named participant during a CEFC ministry event, leader(s) designated by the Vacation Bible School (VBS) staff or CEFC have my permission to administer first aid and/or transport the participant to the doctor, hospital, or other medical emergency facility for further medical attention as deemed necessary. The individual acting in response to the emergency and/or CEFC will be held blameless. In the event medical expenses are incurred, they will be borne by the parent(s) or guardian(s) of the participant.

Photograph / Video Authorization

During VBS photographs and videos may be taken. For security reasons your child's name will not be used in conjunction with his/her image. By initialing here you give CEFC permission to use these photographs and/or videos for the promotion and celebration of VBS. Please initial: _____

Parent/Guardian Name and Signature(s)

Today's Date

Suggested Donation: \$5.00 per child (Amount paid) _____ Date: _____