



2010 VBS REGISTRATION NURSERY

ROLLING HILLS COVENANT CHURCH

2222 Palos Verdes Drive North
Rolling Hills Estates, CA 90274
(310) 521-2541

CAMPER _____ M _____ F ____-____
Address _____ City _____ Zip _____
Birth Date _____ Age _____ Grade (in Sept.) _____ Phone _____
Mother _____ Work/Cell/Pager _____-_____
Father _____ Work/Cell/Pager _____
Father's address if different from above _____
Church Attended: RHCC Other _____
List any allergies or medical problems: _____

Nursery care is available at NO CHARGE to Volunteers ONLY.

Registration Check List:

Medical Form

REGISTRAR USE ONLY: Registration Received Date: _____ Time: _____
Received by: _____ Check # _____
Adult Working: Sunshine Covenant Kids Nursery Kitchen Camp 56
Classroom # _____ Camp Director Initials _____ Date: _____

PLEASE COMPLETE MEDICAL/PHOTO RELEASE ON REVERSE SIDE



Children's Ministries Medical and Photo Release Form

Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ Zip _____

Phone: Home: _____ Cell: _____ Work: _____

I/We, the undersigned, parent/guardian of _____, a minor, do hereby authorize Rolling Hills Covenant Church Children's Ministries leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective through August 2010 (last day of activity) unless sooner revoked in writing delivered to said agent(s).

I also, do hereby authorize Rolling Hills Covenant Church to photograph, videotape and use, at their discretion and without compensation, photographs and videos of the above named child in church publicity and promotional materials.

Print Name: _____ **Signed:** _____ **Date** _____

(Father, Mother, Guardian)

Phone where I can be reached during this activity _____

Emergency Contact (other than parents)

Name _____ Phone _____

Address _____ City _____ Zip _____

List any allergies or medical problems: _____