2012 VBS

Registration Application for children: Nursery– 4th grade

9:30 am—12 noon, July 9-13, 2012

Space is limited, and classes are filled on a first-come, first-reserved basis. Please return *completed* form to the VBS registration tables after weekend services on May 19/20, and May 26/27, or the Children's Ministries office after May 19th.
Mail in registrations will not be accepted. Volunteers may pre-register beginning May 5th.
Suggested donation of $25.00 will be accepted to help cover the cost of the program.

Child's Name: (print)_____ M/F: ____B'Day: _____ age:_____ current grade:_____

Address: _____City: _____State: _____Zip: _____

Mother: _____ hm: _____ wk: _____ cel: _____

Father: _____ hm: _____ wk: _____ cel: _____

Legal Guardian: _____ hm: _____ wk: _____ cel:

*****Please note that if you have registered as a volunteer for VBS and are unable to fulfill your commitment, your child's placement date will change. Your child's registration date will become the date of your cancellation as a**

This Medical/Photo Release Form must be signed by a parent or legal guardian

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 July, 2012 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.

Signed (Parent, Guardian) _____ Print name_____

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:_____

REGISTRAR USE ONLY:

Form Received by:_____ Date:_____ Time: _____

Adult working: _____Nursery _____Early Childhood _____Elementary _____Kitchen

Teen working: _____Nursery _____Early Childhood _____Elementary _____Kitchen

Class assignment: _____ Date:_____ Initial:_____