

# Register me for VBS!



Child's name \_\_\_\_\_  
Gender: Male Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade entering \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parents/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
Emergency contact \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Please place my child with \_\_\_\_\_ Home church \_\_\_\_\_  
Circle T-Shirt Size: Youth S M L XL Adult S M L XL  
Food allergies Y\_\_\_ N\_\_\_ List \_\_\_\_\_  
Medical concerns Y\_\_\_ N\_\_\_ Explain \_\_\_\_\_

## Medical / Photo Release - Vision Calvary Chapel - Vacation Bible School - June 24-28, 2019

### I (we) give permission for my(our) child to attend and participate in this activity.

Pursuant to the provisions of Section 6.910 of the Family Code of California, I, the undersigned, legal guardian of \_\_\_\_\_, a minor, do hereby authorize, as agent(s), the consent to any 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/or surgeon licensed under the provisions of the Medical Practice Act, or by a dentist licensed under the provision of the California Dental Practice Act. It is understood that this authorization is given in advance of any specific care being required, but it is given to provide authority to give care, which a physician may, in the exercise of his/her best judgment, deem advisable.

I hereby authorize any hospital, which has provided treatment to the above named minor to surrender physical custody of such minor to the above named agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

I hereby release Vision Calvary Chapel, its employees or volunteer staff, and any other parties from liability in case of accident.

I (we) give permission for the staff and volunteers of Vision Calvary Chapel to take, use, and publish the photograph(s) and/or video(s) of the above named participant in Vacation Bible School (VBS) whether in print or electronic media, taken in conjunction with VBS activities. I agree that Vision Calvary Chapel may use the photograph(s) and/or video(s) of the above named participant – without the participant's name or any other personal information included – for any lawful purpose, including such purposes as VBS slide shows, publicity, illustration, advertising, video productions, and web content. I acknowledge that no further notice is needed by the church prior to the release of the photograph(s)/video(s).

These authorizations shall remain effective until revoked in writing delivered to said agent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Circle One: Parent or Legal Guardian or Person Having Legal Custody