



VBS 2010- REGISTRATION FORM

REGISTRATION INFORMATION

Childs Name: _____

Address: _____

City / State / Zip: _____

Age: _____

Grade entering in the Fall: K 1ST 2ND 3RD 4TH 5TH 6th

Home Church: _____

Email: _____

Adult who brought child: _____

Relationship to child: _____



EMERGENCY INFORMATION

Emergency Contact Name: _____

Home phone: _____

Cell phone: _____

Secondary Contact Name: _____

Home phone: _____

Cell phone: _____

Insurance Plan _____

ID #: _____

Group #: _____

Allergies: _____

Medical conditions: _____

Current Medication _____



**PLEASE FILL OUT
ALL THE
INFORMATION
INCLUDING THE
WAIVER ON
THE BACK**

Waiver and Release by Parent of Minor Child

Your child is being offered the opportunity to participate in Vacation Bible School.

Supervision will be provided by one or more of the following individuals: Director of Vacation Bible School, and other adults that have been approved to serve within Children's Ministries.

I, _____, on behalf of _____ (hereinafter referred to as "CHILD") HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge Emmanuel EV Free Church, a church, and its agents, employees, officers, directors, affiliates, successors, managers, members and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities of every kind and nature, whether known or unknown, in law or equity, that I or CHILD ever had or may have, arising from or in any way related to CHILD's participation in any of the events or activities sponsored by, conducted by, on the premises of, or for the benefit of, Emmanuel EV Free Church provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful misconduct.

I further authorize any one of the above-named supervisors as agent(s) for the undersigned to consent to any medical and/or dental care, including any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said 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 of the part of our aforesaid agents to give specific consent to any such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California.

The undersigned parent hereby authorizes any hospital or other medical provider which has provided treatment to the CHILD pursuant to the provisions of Section 6910 of the Family Code of California to surrender physical custody of such minor to any of the above-named agents upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

We also agree not to hold responsible Emmanuel Evangelical Free Church or any of its responsible agents for the accidental injury of my child, or the negligent act (s) or intended act (s) made by others which cause injury to my child.

I (guardian) understand the activities and functions that said CHILD will participate in at Emmanuel EV Free Church and hereby waive and discharge the church from any bodily injury, or the negligent act (s) or intended act (s) made by others which cause injury to my CHILD damage to personal property and/or death. I (guardian) agree to all the terms on behalf of CHILD, my heirs, assigns and next of kin.

I have read and understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm as guardian of said CHILD that I have given up considerable future legal rights by this signed agreement freely, voluntarily, under no duress or threat of duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

These authorizations remain effective **July 12 – 16, 2010** unless revoked sooner in writing delivered to said agent.

Signature: _____

Date: _____