

Geneva Presbyterian Church - VBS 2011
Registration and Medical Release Form
Please fill out one form per child

Student's Name _____
Last First

Address _____

City _____ Zip _____

Parent's/Guardian's Names _____

Home Phone _____ Cell Phone _____

Email Address _____ Birth Date _____ Age _____

School grade child is going into _____

T-shirt Size – circle one YXS (2-4) S (4-6) M (10-12) L (14-16) AS AM AL

We cannot guarantee that your child will receive a T-shirt if this form is received after June 12th

Church Affiliation, if any _____

How did you hear about our VBS? _____

Please return this form with the registration fee attached. The cost is \$35.00 per child, with a maximum of \$90.00 per family. Make checks payable to Geneva Presbyterian Church/VBS

I request that my child be permitted to attend Vacation Bible School at Geneva Presbyterian Church from June 27 to July 1, 2011. He/She is in good physical condition. Should any illness or accident occur to him/her, I will not hold Geneva Presbyterian Church, its officers or leaders liable for medical aid rendered and will reimburse Geneva Presbyterian Church for medical expenses and other expenses incurred in the care of my child.

My child may receive first aid. My child may receive medical attention by a licensed physician. My child may be admitted to a hospital in case of emergency. This authorization is given pursuant to Section 25.8 of the Civil Code of California remains effective only for the week of Vacation Bible School, June 27-July 1, 2011. Parents will be contacted immediately, if possible.

Doctor (name and city) _____

Doctor's Phone _____ Date of last tetanus shot _____

Any special medical conditions or allergies _____

Emergency contact _____ Emergency Phone Number _____

Parent's/Legal Guardian's Signature _____ Date _____