

Egypt-Joseph's Journey VBS Registration



Child's Name _____

Grade going into this Fall _____

Address _____

City _____ Zip _____ Phone _____

In Case of Emergency, Please notify _____

Cell phone Number _____

Does the child have any food, drug, insect sting, or any other allergies? _____ Please list

Does your child
have any medical conditions? _____ If "yes", please give details, including treatment of allergic
reactions.

Medical Release In the event that I cannot be reached in an emergency during Egypt VBS, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

Liability Release Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, you, the parent or guardian, agree to assume and accept all risks and hazards inherent in church-related activities. You also agree not to hold the Camarillo Evangelical Free Church or its employees or volunteer assistants liable for any injuries to the person undersigned. You, as parent or guardian, understand that you are signing for your minor listed on this form and your signature is for both the medical release and the liability release.

Parent/Guardian Signature _____ Date _____