



CALVARY CHAPEL, LYNCHBURG VBS 2009 REGISTRATION

Child's Name _____

Parent(s) Name(s) _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone _____ t-shirt size _____

Parents Cell Phone (s) _____

In Case of Emergency, Contact _____

Allergies or other medical conditions _____

School Grade just completed _____ DOB _____

Name of church you attend, if any _____

I understand and agree that Calvary Chapel reserves the right to withdraw my child from this program at the discretion of the church leadership, should any safety or security issues arise.

Signed, _____ Date _____

Signature of Parent or Guardian

Date



MEDICAL RELEASE FORM

We / I, _____, the parent(s) or legal guardian(s) of _____, certify that we / I have been informed that, our / my child will be participating in a number of activities during VBS 2009 which involve outside play and sports activities. We / I consent for my child to participate in these activities. I affirm that my child is physically fit and has the necessary skills to safely participate in these activities.

Medical Treatment Authorization

I understand that Calvary Chapel Lynchburg will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, I authorize the church to hire a doctor or other healthcare professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses incurred in this treatment.

I will notify the church if I feel there are any health considerations, including allergies, asthma, etc., that would prevent my child's participation in any of the activities mentioned above. I also give my permission for church leaders to restrict my child from participating in any activity they deem as compromising of the children's safety during participation.

Parent/Guardian Signature _____

Date _____ Home Phone _____

Work Phone _____ Doctor's Name _____

Medical Insurance Company _____

Any Medical Concerns _____
