

VBS Registration Form

Child's Name _____ **Male** **Female**

Address _____

City _____, **California** **ZIP** _____

Age Information: Last grade completed in school _____

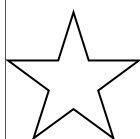
If possible place with _____ (Friend's First & Last Name)

Medical & Allergy Information: No Allergies

Medical or other information we need to know **(Please include any food allergies.)**

In case of Emergency Contact:

Emergency Contact Phone Number:



I give permission for my child to participate in VBS at Ridgeview Community Church

I give permission for my child's picture to be taken and used for promotion/publicity purposes on our Website or Facebook page. YES NO

I have read the back page and give my consent.

Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian E-mail: _____

Other Adult allowed to pickup: _____

Home Church: _____

Participant's Full Name: _____

Medical Consent:

- Consent for Minors: I hereby authorize RCC to take my child for medical treatment in the event of an illness or injury in which a parent cannot be reached after a reasonable attempt to do so.
- I do hereby authorize any physician, dentist, hospital or medical treatment center to treat my child in case of emergency. The undersigned adult shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the individual pursuant to this authorization.
- I hereby authorize RCC to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to my child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital.
- I hereby do authorize RCC to dispense to my child any over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary.

Activity/Event Consent:

- I hereby give permission for my child to attend and participate in activities sponsored by RCC and/or its ministries.
- I authorize RCC to include my child in routinely supervised water activities.
- I hereby authorize RCC to furnish food for my child while involved in RCC sponsored activities.
- I hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation activities involved therein for my minor child.

Photography/Video Image Consent:

- I hereby authorize RCC to utilize my child's photographic image in RCC's publicity and advertising pieces (no identifying information will be listed with the photograph). The use includes but is not limited to, newspaper and other ads, brochures delivered to the public, pictures displayed, RCC's website, and social media pages.

Liability Release:

- I hereby release, forever discharge and agree to defend and hold harmless RCC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the participant that occur while said individual is participating in any activity with RCC.
- The undersigned further hereby agrees to hold harmless and indemnify RCC from and against any claim against or loss incurred by RCC as a result of the negligent, willful or intentional acts of my child, including any expense incurred attendant there to.
- I acknowledge and agree that it is my responsibility to notify Ridgeview Community Church of any changes in medical conditions, guardianship, address or telephone, in writing.
- The medical consent, activity/event consent and waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by RCC.

Printed Legal Guardian Name: _____

Legal Guardian Signature: _____

Date: _____