

VACATION BIBLE SCHOOL REGISTRATION



**Christ Evangelical
Presbyterian Church**
July 20-24, 2009

*Please complete one form per child.
Registration fee is \$15 per child
(includes t-shirt).*

Child's Name/Nickname: _____

Date of Birth: _____ Grade in Fall 2009: _____

Parent(s) Name(s): _____

Address: _____

Home Phone: _____

Father's Work Phone: _____

Mother's Work Phone: _____

Mobile Phone(s): _____

Email: _____

Emergency Contact Name & Phone (other than parent):

I am volunteering the week of VBS.

I would like to be called to bring teacher refreshments.

T-shirt size:

- | | |
|--|--|
| <input type="checkbox"/> youth XS (2-4) | <input type="checkbox"/> youth S (6-8) |
| <input type="checkbox"/> youth M (10-12) | <input type="checkbox"/> youth L (14-16) |
| <input type="checkbox"/> adult M | <input type="checkbox"/> adult L |

Allergies/concerns: _____

Doctor's Name & Phone: _____

Please complete other side of form.

Medical and Liability Release Form

I, the undersigned parent or guardian for the child named on the other side of this form, do hereby authorize any duly authorized employee, volunteer, or other representative of Christ Evangelical Presbyterian Church, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician and/or surgeon or at a clinic, hospital, or other medical facility. 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 on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable. Furthermore, I knowingly release, absolve, indemnify, and hold harmless Christ Evangelical Presbyterian Church, its members, employees, volunteers and/or other representatives, from all claims that might result from any injury and/or death of said child.

Parent/Guardian Signature

Photography Release

I hereby grant permission for my child's photograph to be included in the church's newsletters, slide show, local press, outreach brochures and the church website.

Parent/Guardian Signature

Please mail registration form and fees (check payable to CEPC) to
Christ Evangelical Presbyterian Church
ATTN: Molly Williams
8300 Katy Freeway
Houston, TX 77024