Discover Christian Church VBS 2010
June 14th - 18th

T Shirt size: __ YXS __YS __YM __YL __Adult**S** __Adult**M** __Adult**L** __Adult**XL**

Name:_____

Birthdate:_____ **Age:**_____ **Gender:**_____

Last Grade Completed:_____ (Note: VBS is for children age 4 years old (as of Aug. 2010) – 6th grade (completed June 2010)

Food/Drug Allergies?

_____

Does your child have any special learning needs, medical conditions, or special care requirements (including medications) that we need to be aware of?

_____

Father:_____ **Cell Phone:**_____

Mother:_____ **Cell Phone:**_____

Address:_____ **Home Phone:**_____

City:_____ **State:**_____ **Zip:**_____ **Child lives with:** _____

Home Church:_____ **Invited by:**_____

Alternate Emergency Contact Information:

Name:_____ **Relationship:**_____ **Phone:**_____

☐ Yes! We will be attending the **Free Family Cosmic Carnival** on June 18th at 6:30pm at DCC.
How many people?_____

Would you like to order pizzas to help support missions?

$8.00 each or 2 for $15.00

# of Cheese Pizzas_____

# of Pepperoni Pizzas_____

PAYMENT INFORMATION

$10 per child on or before May 17th
$20 per child after May 17th.

Registration Fee:_____

Pizza Cost:_____

Total:_____

Paid:_____

Registration fee includes VBS T-shirt and VBS Music CD (one per family).
Please register by May 17th to ensure receipt of your t-shirt by the start of VBS.

REVERSE SIDE MUST BE SIGNED FOR REGISTRATION TO BE COMPLETE →

PLEASE READ CAREFULLY AND SIGN BELOW:

Authorization and Release of Liability

In consideration of the privilege of my child's participation in the Discover Christian Church Vacation Bible School, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Church and all of the church's and directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating sponsors, parents, vendors, volunteers and other program workers as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care of treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free us of my child's name and picture in broadcasts, telecasts, or written accounts for any participating in the Vacation Bible School program and events.

Medical Consent

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize the Church, its staff, volunteers including volunteer parent, participants, and supervisors to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment.

_____	_____	_____
Signature	Printed Name	Date